

Project Code _____	Cost Centre _____	Meeting No _____	TRANSACTION REF. _____
IDENT _____	A/C _____		

EXPENSE CLAIM FORM

- Please ensure that your claim complies with the [CEPR travel guidelines](#) and is submitted **within three months** of the meeting taking place.
- Euro bank transfers cannot be processed without legible **IBAN and BIC/SWIFT codes**. Omitting them will cause delay to your reimbursement. Transfers to bank accounts in the US also require a **SWIFT code/ Routing number** where available. Note our USD account is based in the UK (transfers are **Non-US to US**).
- Where possible, please complete this form electronically.
- A separate Expense Claim Form must be completed for each different CEPR conference or workshop that you attend.

First Name _____ **Surname** _____

Postal Address _____

(for cheques) _____

Telephone No. _____ **Email** _____

Meeting Date* _____ **Meeting Title** _____

*The first day of the meeting will be used to calculate exchange rates

CLAIMED AMOUNTS SUMMARY

		FOR INTERNAL USE ONLY		
		Code	R/U	Amount (converted to payment currency)*
Travel	<i>Please provide details overleaf</i>	96005	R	
Accommodation	<i>Please provide details overleaf</i>	96005	R	
Other	<i>Please provide details overleaf</i>	96005	R	
VAT	<i>(For EC projects only)</i>	96007	R	

*CEPR will perform currency conversions based on the rate at the first day of the meeting. Any claim exceeding the CEPR maximum reimbursement rates without prior approval will be capped at the maximum.

Total _____

Total + VAT _____

PAYMENT METHOD (please select)

GBP £	EUR €	USD \$
Cheque (UK residents only) <input type="checkbox"/>	Cheque** <input type="checkbox"/>	Cheque*** <input type="checkbox"/>
Bank transfer to any account (UK residents only) – charge applies if non-UK account. <input type="checkbox"/>	Bank transfer to any account** <input type="checkbox"/>	Wire transfer** <input type="checkbox"/>

** Please note that the beneficiary bank may deduct a fee from the sum transferred / paid in. CEPR's own bank charges are not deducted from your claim.

*** Please note that our USD cheques are drawn from a UK bank account. Please first confirm with your bank that they will be able to accept a foreign USD cheque. Your bank may charge you a fee.

ACCOUNT DETAILS

! Banks will reject any payments that do not contain a valid International Bank Account number (IBAN) and Bank Identifier Code (BIC) or SWIFT/Routing number for a non-US to US transfer. Please ensure you give us these details if you are asking for a bank transfer.

Account Holder _____ or **Make payable to the following institution** _____

Bank _____

Sort (UK) / IBIC / SWIFT _____ ! non UK claims cannot be processed if the IBIC/SWIFT code is not included

Account n° / IBAN _____

! Please note: non UK claims cannot be processed if the IBAN code or Routing No. is not included

Bank Address _____

I confirm that the expenses claimed on this form have been actually and necessarily incurred by me, solely for CEPR business, and that I have not claimed for them from another source.

Signed by claimant _____ **Date** _____

Approved by CEPR _____ **Date** _____

DETAILS OF CLAIM

Please be sure to keep your claim within the specified guidelines

For full details of our reimbursement policy see the [CEPR travel guidelines](#) or contact the Meetings Team

1. TRAVEL

Unless previously indicated by or arranged with CEPR the following travel (air fare + ground transportation) limits will apply: **Within Europe €450, Israel \$760, USA/Canada East Coast \$900, USA/Canada West Coast \$1200.** Please include receipts to support your claim.

Date	From/to	Currency Type	Amount
Total travel (air + local transport) (carry forward to summary overleaf):			

2. ACCOMMODATION (if applicable) Please include receipts to support your claim.

Date	City	Currency Type	Amount
Total accommodation (carry forward to summary overleaf):			

3. SUBSISTENCE

If lunch or dinner is not provided by the organisers, participants may claim up to €15 per lunch and €30 per dinner for the days of the conference, **provided their overall claim remains within the valid travel limit.** Please include receipts to support your claim.

Date	City	Currency Type	Amount
Total subsistence (carry forward to summary overleaf):			

Explanatory Notes

This section should be completed when unusual circumstances or expenses require explanation.