

Travel Claim Form (in accordance with our Conditions of workshop support for Beneficiaries)

| | |
|------------------------------|--|
| Name of participant | |
| Title of meeting | |
| Place and dates | |
| Email address of participant | |

To be submitted no later than **2 months after the meeting** (only one meeting per form, please).

Please **convert ALL your expenses** into the desired currency for remittance with the exchange rate at the date of the debit entry.

(1) Travel Expenses

(The travel method chosen should be as economical as possible and aim to minimize the ecological impact. Rail and Air: Economy class fare)

| By air or rail (enclose original receipts and ticket or e-ticket plus itinerary): From _____ to _____ | Debited | | | Remittance requested in | |
|---|---------|----------|--------|--|--------------------|
| | No. | Currency | Amount | exchange rate | Amount |
| Local transportation: train, bus, taxi fares between airport or station and home or destination (enclose original receipts) | | | | | |
| Additional cost | | | | | |
| Mileage claim own vehicle use (kms) _____ CHF 0.50 /km | | CHF | | | |
| (1)Total | | | | | |
| | | | | | Total (1) |
| | | | | | Total (2) |
| | | | | | Total (3) |
| | | | | | Total (4) |
| | | | | | Total (5) |
| | | | | | Total (1-5) |
| Maximum amount to be awarded to the beneficiary in USD | | | | Total sum to be remitted (in line with award) | |

for PAGES/Financial Department UniBE use:

Reference:

| (2) Accommodation (fill in only if Hotel not paid by sponsor) | | | | | | | | | | |
|--|------|---------------------------------|------|------|--|-----------------|------------------------------|--------|------------------|------------------|
| <i>Name of Accommodation and Address</i> | | | | | No. | Currency Amount | Remittance / Currency | | | (2) Total |
| Date of Arrival dd/mm/yyyy | | Date of Departure dd/mm/yyyy | | | | | ex. rate | Amount | | |
| Date of Arrival dd/mm/yyyy | | Date of Departure dd/mm/yyyy | | | | | | | | |
| (3) Cost of food - only against receipt (insert the date of expenditure and total up the amount of the individual items) | | | | | | | | | | |
| dd/mm/yyyy | | | | | Nos from/to | Currency Amount | | | | (3) Total |
| (4) Additional expenses | | | | | | | | | | |
| | | | | | | | | | | (4) Total |
| (5) Meals allowance - only if explicitly awarded (please tick meals to be remitted): | | | | | | | | | | |
| <i>Reimbursement rates (based on Swiss NSFs): Breakfast CHF 10.- / Lunch CHF 25.- / Dinner CHF 25.-</i> | | | | | | | | | | |
| dd/mm/yyyy | Date | Date | Date | Date | Date | Date | Date | Date | Date | CHF* |
| <i>Breakfast*</i> | | | | | | | | | | |
| <i>Lunch</i> | | | | | | | | | | |
| <i>Dinner</i> | | | | | | | | | | |
| *if not included in the hotel bill | | | | | | | | | (5) Total | |
| Banking Information | | | | | | | | | | |
| <i>Name and full address of account holder*</i> | | | | | | | | | | |
| <i>Bank, name branch and full address</i> | | | | | | | | | | |
| <i>IBAN (for European countries only)</i> | | | | | <i>Account number (if IBAN not available)</i> | | | | | |
| <i>SWIFT code (for all countries)</i> | | | | | <i>BIC (for all countries)</i> | | | | | |
| <i>Sort code (for UK)</i> | | | | | <i>BLZ (for Germany)</i> | | | | | |
| <i>Routing or ABA No. (for USA)</i> | | | | | <i>BSB (Bank/State/Branch) (for Australia)</i> | | | | | |

* i.e. full address of account holder on file with bank!

I declare that the expenses claimed are not being reimbursed from any other source.

Date (dd/mm/yyyy)

Signature:

Please sign the form digitally, enclose it with the PDF of your scanned original receipts and e-mail it to brigitte.schneiter@pages.unibe.ch.

For queries please contact: brigitte.schneiter@pages.unibe.ch

Conditions of workshop support for beneficiaries

This grant is available thanks to the U.S. NF and ScNat.

1. Conditions

The money may only be used to cover the reasonable cost of travel, meals, and accommodation. It may not be used for any other purpose without PAGES prior permission.

The travel method chosen should be as economical as possible and aim to minimize the ecological impact. Travel is reimbursed at the following rates:

Rail and Air: Tourist or economy class fare

Own vehicle use: Mileage claim

Please note: any balance of the allotted grant remains with PAGES.

2. Financial Reporting

After the event, all your original receipts scanned into a PDF file and enclosed with your completed and digitally signed travel claim form must be sent by e-mail to brigitte.schneiter@pages.unibe.ch. No hard copy is required by PAGES.

Deadline: 2 months after the workshop/meeting or the claim expires.

3. Mode of Payment of the Grant

Upon receipt of the completed travel claim form and specification of your banking details in particular, payment will be arranged by the Financial Department of the University of Bern. Please allow at least 14 days for payment processing.

Special circumstances:

If you require an advance payment for flight costs, please contact Brigitte Schneiter at brigitte.schneiter@pages.unibe.ch.

By returning your claim form to PAGES you acknowledge that you have read and accepted these Conditions and agree to be bound by them.

Bern, in 2018