**EAP DELEGATION’S INVOICE**

(Tips: use the ***TAB*** key to move from field to field)

**EAP** delegation, participating inmeeting

Travel date **FROM**: (yyyy-MM-dd) **TO:** (yyyy-MM-dd)  **Length of stay:** **0** **NIGHTS** *(calculated)*

**EAP DELEGATION:** **FIRST & LAST NAME ROLE TRAVEL REAL COSTS** (**€**)

 01 **[Name01]**  **0,00** €

 02 **[Name02]**  **0,00** €

 03 **[Name03]**  **0,00** €

 04 **[Name04]**  **0,00** €

 05 **[Name05]**  **0,00** €

 06 **[Name06]**  **0,00** €

 07 **[Name07]**  **0,00** €

 08 **[Name08]**  **0,00** €

 09 **[Name09]**  **0,00** €

 10 **[Name10]**  **0,00** €

 11 **[Name11]**  **0,00** €

 12 **[Name12]**  **0,00** €

 13 **[Name13]**  **0,00** €

 14 **[Name14]**  **0,00** €

 15 **[Name15]**  **0,00** €

**Total n. of persons:**  Team Delegate(s) and/or Observer

  Athlete(s)

  Other(s)

**Total travel REAL costs:** **0,00** **€** *(calculated)*

Please calculate with “EAP-Delegations-Reimbursement-and-Accommodation-calculator-2023.xlsx”

**EAP reimbursement convention:**

  **€** as per Travel Reimbursement criteria (Art. 53)

To be filled by the organiser:

**Reimbursement agreed:** **€**According to ART 53 and ART 50.4.3

**To be paid in EUROS to:**

 **Bank Name**

 Bank full address

 Bank account (**IBAN**)

 BIC / Swift code

 Account owner’s name + address

**Personal Data of the Team’s Delegate:**

 **First and Last NAME**

 Nationality

 Date of Birth (DD/MM/YYYY)

 Personal address

 Type and Number of ID  **Number:**

 **Expiry date:**       (DD/MM/YYYY):

**Remarks:**

***This form must be saved as PDF and sent to the meeting organiser.***

***Please add copies of each travel tickets and other useful information.***

*To be sent within 1 week after the meeting’s date.*