CONVOCATION OF EPISCOPAL CHURCHES IN EUROPE

Request for Reimbursement

*Please use a separate form for each category or event, for accounting purposes (e.g. EICS, COMB, etc.)*

**Requests for reimbursement must be submitted within 60 days of the event to be considered.**

**Last Name: First Name:**

**Email: Phone:**

**Church affiliation:**

**Expense Category (e.g. COMB / Youth Across Europe):**

**Date of Meeting / Expense:**

**Purpose of Expense (e.g. Meeting / Ordinand Training, etc. Please be specific):**

**Expenses to be Please list each expense separately, going to two pages, if necessary.**

**reimbursed: Original receipts must be attached, taped to A4 paper. Please follow guidelines.**

|  |  |  |  |
| --- | --- | --- | --- |
| Expense | **Description** | **Currency** | **Amount** |
| **Travel:** |  |  |  |
| **Accommodation:** |  |  |  |
| **Meals:** |  |  |  |
| **Materials:** |  |  |  |
| **Fees:** |  |  |  |
| **Other (please specify):** |  |  |  |
|  | **TOTAL:** |  |  |

**Please reimburse by:**

🞎 **Check:**

**Name:**

**Address:**

🞎 **Bank Transfer:**

**Bank name:**

**Branch:**

**Bank address:**

**IBAN:**

**SWIFT/ BIC:**

**Account Name:**

**Signature and Date:**

Advance received: \_\_\_\_\_\_\_\_\_\_\_\_\_

If expenses were more than the advance you will be reimbursed the difference.

If expenses were less than the advance, please reimburse the Convocation by check in euros or bank transfer.

*Request for reimbursement with the originals of all receipts and any supporting information should be sent to: Convocation Office, 23 avenue George V, 75008 Paris, France*