**EuChemS Expense Claim Form**

**Part 1. Personal data:**

|  |  |
| --- | --- |
| **Name of Claimant:** |  |
| **Email of Claimant:** |  |
| **Date of Claim:** |  |
| **Expense Description**  **(*e.g.* event/meeting attended):** |  |
| **EuChemS budget line:** |  |
|  | *The Treasurer of the Division/EYCN fills out the blue field, not the Claimant personally.* |

**Part 2. If the expenses pertain to a Division’s/EYCN’s budget, please fill in also the following:**

|  |  |
| --- | --- |
| **Name of the requesting body** (EuChemS Division/EYCN): |  |
| **Name, email and signature of the authorising officer** (Treasurer of Division/EYCN): |  |
| **Name, email and signature of the Chair**  (EuChemS Division/EYCN): |  |

*This part should be filled out by the Treasurer of the Division/EYCN, not the Claimant personally.*

**Part 3. Please list all items and their purchase dates.**

**Also, it is mandatory to attach all *scanned receipts*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of purchase**  **(DD-MM-YYYY):** | **Item purchased:** | **Value of the invoice or the receipt:** | **Original currency:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | **Total amount requested**  **(if there are multiple currencies, leave green field blank):** |  |  |

**Part 4. Please fill in the *bank details*:**

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Bank Address**  **(street, zip code, city, country):** |  |
| **BIC/SWIFT Code:** |  |

**Part 5. Please fill in the *personal details* below so that payment may be credited to your account:**

|  |  |
| --- | --- |
| **Name of Claimant:** |  |
| **Address of Claimant**  **(street, zip code, city, country):** |  |
| **Account number:** |  |
| **Sort Code**  **(if applicable):** |  |
| **IBAN No:** |  |

**Claimant’s Signature:**

**…....................……………………………………………**

**Please send the filled, signed and authorised form with *scanned receipts* to:**

Claudia J Hernando

EuChemS Administrative Assistant

**E-mail:** [**finance@euchems.eu**](mailto:finance@euchems.eu)

**Notes:**

1. Personal expense claims should be submitted within one month of the expense being incurred.

2. The reimbursement should take place within two weeks after the reception of this form, providing the file is complete.

3. Expense claims must be approved by the EuChemS Treasurer or the EuChemS President before proceeding with reimbursement.

4. For expenses pertaining to EuChemS Divisions or the EYCN, the following information should be also filled in: the name of the requesting body; name, email and signature of the Division’s/EYCN’s Treasurer; the name, email and signature of the Division’s/EYCN’s Chair.

5. For EuChemS core expenses, travel and other significant expenditure must be approved by the EuChemS Treasurer in advance. For the budget lines outside the core EuChemS Budget, this shall be done by the person(s) in charge.