**EuroEAP Society**

**Scientific Mission Grant (SMG)**

**FINAL REPORT & REIMBURSEMENT CLAIM FORM**

Fill in this form electronically (not manually). Use the following format: Times New Roman, 11pt.

**WARNING**:

According to SMG rules reported on the EuroEAP website, the failure to submit this final report and its mandatory attachments **within 30 days** after the end of the mission will effectively cancel the SMG.

**GRANTEE**

**First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: this should be the same address that you use to log into the EuroEAP Personal Area.*

**International phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place/town of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_

**Country of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK ACCOUNT DATA**

*Note: report below the bank account coordinates to be used for the payment of the grant. It is mandatory that you use an account that is registered in your name as the account holder or one of the account holders.*

|  |  |
| --- | --- |
| Name/s of the account holder/s: |  |
| Name of the bank: |  |
| Address of the bank: |  |
| IBAN number (if applicable): |  |
| Account number (if IBAN not applicable): |  |
| Swift/BIC code: |  |
| ABA routing number  (for USA only): |  |

**HOST INSTITUTION**

**Name of the host institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place and country of the host institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First name of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last name of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE MISSION**

**Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of the mission:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCIENTIFIC REPORT *(maximum 2 pages)***

*Note: use the following sub-sections:*

**Description of the work carried out during the SMG:**

**Description of the main results obtained:**

**Future work intended by the grantee:**

**Foreseen publications or conference presentations expected to result from the SMG:**

**CLAIMED AMOUNT WITH ANALYTHICAL JUSTIFICATION OF COSTS**

*Note: fill in the following table, in all its parts.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Claimed expenses** | **Justification document produced as an attachment to this form** | **Date reported in the justification document** | **Amount in original currency reported in the justification document** | **Exchange rate used to convert the amount in Euros**  **(use the rate on the document date)** | **Equivalent amount in Euros** |
| **ACCOMMODATIONS** *(add or delete rows, as necessary)* | | | | | |
| Accommodation 1 | Copy of the invoice, addressed to the grantee (NOT to the Society) |  |  |  |  |
| Accommodation 2 | Copy of the invoice, addressed to the grantee (NOT to the Society) |  |  |  |  |
| Etc. |  |  |  |  |  |
| **MEALS** *(add or delete rows, as necessary* | | | | | |
| Meal 1 | Specify here date and whether lunch or dinner (Flat rate, no receipt required) | | | | 25.00 |
| Meal 2 | Specify here date and whether lunch or dinner (Flat rate, no receipt required) | | | | 25.00 |
| etc. |  | | | |  |
| **TRAVELS** *(add or delete rows, as necessary)* | | | | | |
| Plane | Receipts or tickets that display costs |  |  |  |  |
| Train | Receipts or tickets that display costs |  |  |  |  |
| Bus | Receipts or tickets that display costs |  |  |  |  |
| Metro | Receipts or tickets that display costs |  |  |  |  |
| Taxi | Receipts or tickets that display costs |  |  |  |  |
| Car  (fixed rate: 0.2 €/km)  (NON-eligible costs: fuel, insurance) | Route map (printouts from e.g. Google or Michelin maps) showing the starting and final addresses, and the number of kilometres |  |  |  |  |
| Motorway fees | Receipts |  |  |  |  |
| Car rental | Invoice, addressed to the grantee (NOT to the Society) |  |  |  |  |
| Car parking | Receipts or tickets that display costs |  |  |  |  |
|  | | | | **TOTAL CLAIMED AMOUNT (\*):** |  |

(\*) *Note: the maximum reimbursed amount will not exceed the limit specified by the grant approved before the mission.*

**SIGNATURE**

I hereby submit this form to claim the reimbursement of the expenditures that I have detailed, which are related to the described mission and are demonstrated by the attached documents.

I am aware that wrong or incomplete information provided in this form might result in wrong money transfers, whose costs might be deducted from the due reimbursement, or a transfer of a lower amount due to insufficient justification of costs.

I am also aware that the EuroEAP Society will not be able to compensate transfer fees and transaction costs that might be applied by my bank.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMSSION**

*Note: attach to this form the confirmation of the host institution and copies of the receipts/invoices (see the SMG rules on the website) and then submit everything as a single joint PDF file by email to* [smg@euroeap.eu](mailto:smg@euroeap.eu)