

IMI JU
BRUSSELS, BELGIUM

**APPLICATION FOR REIMBURSEMENT/PAYMENT (SUBSISTENCE & TRAVEL COSTS)
INDEPENDENT EXPERTS (RULES: see Annex III)**

Evaluation

NAME OF THE PROGRAMME OR PRIORITY:	Innovative Medicines Joint Undertaking (IMI JU) Call for proposals
CALL N°:	IMI_2012_5_stage1
APPOINTMENT LETTER NUMBER:	IMI/ND/DOC/2012-
EXPERT IDENTIFICATION NUMBER:	NA
EXPERT SURNAME:	
EXPERT FIRST NAME:	

SUBSISTENCE EXPENSES AND EXPENSES FOR TASKS WHICH INVOLVE A JOURNEY

Please use page 1 of the form, one or more times according to the number of journeys.

A. SUBSISTENCE EXPENSES

Do you wish to claim DAILY ALLOWANCES? YES NO
Do you wish to claim ACCOMODATION ALLOWANCES? YES NO

Place of the meeting/work:

Date of arrival at meeting/work place:

Meeting/work start date:

Meeting/work end date:

Date of departure from meeting/work place:

To be completed by IMI	N° of days	<input type="text"/>	X € 92 or 46	Total amount of daily allow.	<input type="text"/>	Eur
	N° of nights	<input type="text"/>	X € 100	Total amount of accom. allow.	<input type="text"/>	Eur

B. TRAVEL COSTS

(RULES: SEE ANNEX III)

Do you wish to claim TRAVEL COSTS? YES NO
Pre-paid ticket(s) by the IMI JU? YES NO

To be completed by IMI Financial Services

Total Travel costs (points 1 to 5)	<input type="text"/>	Eur
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Form of transport used		PLACE		Price PAID	Currency
		of departure	of arrival		
1a) Air - ECONOMY CLASS	outward				
	return				
Air fare (A) pex/Excursion <input type="checkbox"/> YES <input type="checkbox"/> NO					
1b) Air - BUSINESS CLASS	outward				
	return				
2) Train	outward				
	return				
- Supplements					
3) Metro, bus	outward/				
	return				
4) Others					

5) Car Private car
 Private car of another expert

N° of KM:

outward/
return

Place:	
of departure	of arrival
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

To be completed by IMI Financial Services

Reimbursable amount for car	<input type="text"/>	Eur
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IMI JU
BRUSSELS, BELGIUM

**APPLICATION FOR REIMBURSEMENT/PAYMENT (WORKING DAYS & SUMMARY)
INDEPENDENT EXPERTS (RULES: see appointment letter)**

Evaluation	
NAME OF THE PROGRAMME OR PRIORITY:	Innovative Medicines Joint Undertaking (IMI JU) Call for proposals
CALL N°:	IMI_Call_2011_4_stage 1
APPOINTMENT LETTER REGISTRATION NUMBER:	IMI/GH/DOC/2011-
EXPERT IDENTIFICATION NUMBER:	NA
EXPERT SURNAME:	
EXPERT FIRST NAME:	

C. CLAIM FOR LUMP SUM PAYMENT FOR WORKING DAY(S)

DO YOU WISH TO CLAIM THE LUMP SUM PAYMENT? YES NO
The amount will be calculated to the nearest half day.

<input type="checkbox"/> C1. WORKING DAYS FOR TASKS <u>INVOLVING</u> JOURNEYS (Example: evaluation in Brussels)
TOTAL N° OF DAYS: <input type="text"/> X 450 Eur = <input type="text"/> Eur
<input type="checkbox"/> C2. WORKING DAYS FOR TASKS <u>NOT INVOLVING</u> JOURNEYS (Example: remote evaluation)
TOTAL N° OF DAYS: <input type="text"/> X 450 Eur = <input type="text"/> Eur
TOTAL WORKING DAYS (C1+C2) <input type="text"/> Eur

DATE:	<input type="text"/>
NAME OF EXPERT:	<input type="text"/>
SIGNATURE OF EXPERT:	<input type="text"/>

SUMMARY - To be completed by IMI JU Financial Services

A1. TOTAL AMOUNT OF DAILY ALLOWANCES	<input type="text"/>	Eur
A2. TOTAL AMOUNT OF ACCOMMODATION ALLOWANCES	<input type="text"/>	Eur
B. TOTAL AMOUNT OF TRAVEL COSTS	<input type="text"/>	Eur
C. TOTAL LUMP SUM PAYMENT FOR WORKING DAYS	<input type="text"/>	Eur
TOTAL AMOUNT TO BE PAID	<input type="text"/>	Eur

TO BE COMPLETED BY THE RESPONSIBLE IMI JU OFFICIAL

This is to certify that the EXPERT assisted the IMI JU with Evaluation Reviewing Monitoring
IMI 4th Call stage 1 Independent Observer Experts Group
and that all expenses, allowances and working days claimed correspond to the supporting documents and are certified correct.

TITLE OF THE TASK

"CERTIFIED CORRECT"

Name:

Signature:

Date:

(OPERATIONAL INITIATING AGENT)

"FOR VERIFICATION"

Name:

Signature:

Date:

(OPERATIONAL VERIFYING AGENT)