



FME Travel Reimbursement Form

Purpose: _____

Date: _____

Travel from: _____ To: _____

Travel costs in Euro¹: _____ € _____

Zero, one or two daily allowances (each €200): _____ € _____

Total: _____ € _____ +

Name: _____

Address: _____

Institution: _____

Bank: _____

Account name: _____

IBAN: _____

Additional bank details²: _____

Date and signature of the requester: _____

Date and signature of meeting secretary³: _____

¹ See FME policies and regulations (<https://fmeurope.org/documents/fme-policies-and-regulations-v13.pdf>). Include proof of payment.

² In case your bank is not located in a SEPA (Single Euro Payments Area) country. Additional information should at least include the BIC code and the account number.

³ This is to certify the presence of the requester at the meeting or event. Can be replaced by another FME representative or person present.