

Reimbursement claim for costs related to travelling

Surname: _____ **Date:** _____
First name: _____
Date of birth: _____
Street: _____ **N°:** _____ **Post code:** _____
City: _____ **Country:** _____
n° IBAN: _____ **BIC:** _____
Activity title: _____

In the frame of the above-mentioned project the sending organisation had to prefinance the following costs (real costs!).
 Amounts in foreign currencies are converted using the [currency converter of the European commission](#).
 Please note: The date specified in the table below should correspond to the date on the invoice.

Date	Type of costs	Amount in foreign currency	Amount TTC in €
Travel costs (bus, train, plane, ...) (or "attestation de prix")			
Visa costs (travel, translation, taxes, ...)			
Vaccination fees (medical check, Medications substituting for vaccination; NOT memoire d'honoraires)			
Please ensure that the total cost does not exceed 1936,08€.		TOTAL	

All supporting documents, including both the invoice and the debit notification, must be annexed to the present and provided in PDF format.

Documents that are not in LU, DE, FR or EN must be accompanied by a translation provided by the requestor.

I hereby certify that the information on this claim and the documents annexed are true and correct to the best of my knowledge.

I kindly ask to reimburse the total amount by bank transfer to the above-mentioned account.

Signature

the present reimbursement claim is to be addressed to
Service national de la jeunesse
Division "Soutien à la transition vers la vie active"
Griska Lutgen
B.P. 707. L-2017 Luxembourg
or
griska.lutgen@snj.lu