

CONVOCATION OF EPISCOPAL CHURCHES IN EUROPE
Request for Reimbursement

Please use one form per reimbursement category (e.g. Council of Advice, COMB etc)

Last Name: _____ **First Name:** _____

Email: _____ **Phone:** _____

Date of Meeting / Expense _____

Expense Category (e.g. COMB / Youth Across Europe) _____

Purpose of Expense (e.g. Meeting / Ordinand Training etc. Please be specific)

Expenses to be reimbursed: (original receipts must be attached, please follow guidelines)

<u>Expense</u>	<u>Description</u>	<u>Amount</u>
Travel:	_____	_____
Accommodation:	_____	_____
Meals:	_____	_____
Materials:	_____	_____
Fees:	_____	_____
Other (please specify)	_____	_____
		TOTAL: _____

- *Unless otherwise requested all reimbursements will be in Euros.*
- *Please note that unless you are in France or have requested dollars, it is in your own interest to request a wire transfer.*
- *If you are expecting multiple reimbursements during the year, as an act of good stewardship we ask that you allow us to accumulate your reimbursements to two due dates (May 31 & November 30), reducing transfer costs to the Convocation.*

Please reimburse by:

Check:

Name: _____

Address: _____

Bank Transfer:

Bank name: _____

Branch: _____

Bank address: _____

IBAN: _____

SWIFT: _____

Account Name: _____

Signature and Date: _____

Please pay immediately

Please pay at the next due date (May 31 / Nov 30)