

To download your reimbursement form, please follow the steps as described below.

Step 1/5

**e-cosT** TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST

**Participation confirmation.**

Hello Mr François RICOBENE  
Please review the information in the following forms and inform COST if you are participating in this Meeting.

**Meeting Details**

Meeting ID:	ECOST-MEETING-FA0803-011110-002783
Title:	Varroa, viruses and standardization of methods
Start Date:	2010/11/01
End Date:	2010/11/04
Location:	Swiss Bee Research Centre, Bienne [CH]

**Meeting Participant Details**

Full Name:	Mr François RICOBENE
Participant email:	<a href="mailto:francois.ricobene@cost.eu">francois.ricobene@cost.eu</a>
Representing Organization:	COST Office (Bruxelles, Belgium)

**Step 1/5 Invitation**

Please advise us if you intend to come to the event.

- Click on “Accept” if you intend to come to the meeting

Step 2/5

**e-cosT** TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST, TEST

**Participation confirmation.**

Hello Mr François RICOBENE  
Please review the information in the following forms and inform COST if you are participating in this Meeting.

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Meeting ID:	ECOST-MEETING-FA0803-011110-002783
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Full Name:	Mr François RICOBENE
Participant email:	<a href="mailto:francois.ricobene@cost.eu">francois.ricobene@cost.eu</a>
Representing Organization:	COST Office (Bruxelles, Belgium)

**Step 1/5 Invitation** Accepted on 22/09/2010

**Step 2/5 Reimbursement**

You are eligible to claim the reimbursement of your expenses related to this event. If you intend to submit a claim click "Yes". If you do not need to be reimbursed by the COST Action click "No".

- If you intend to submit a claim and you want to be reimbursed click “Yes”

### Step 3/5

TITLE	VIRUS, VIRUSES AND CHARACTERIZATION OF VIRUSES...		
Start Date	2010/11/01		
End Date	2010/11/04		
Location	Swiss Bee Research Centre, Bienne [CH]		

Meeting Participant Details

Full Name	Mr François RICCOBENE
Participant email	<a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>
Representing Organisation	COST Office (Bruxelles, Belgium)

**Step 1/5 Invitation** Accepted on 22/09/2010

**Step 2/5 Reimbursement** Yes on 22/09/2010

**Step 3/5 Login**

Username  Password

To continue you need to login with a user account having the e-mail address [francois\\_riccobene@cost.eu](mailto:francois_riccobene@cost.eu). You will then be able to enter your bank details and print your personal Travel Reimbursement Form.

- If you forgot your login and password, click [here](#).
- If you do not have a user account click [here](#).
- If [francois\\_riccobene@cost.eu](mailto:francois_riccobene@cost.eu) is your e-mail address but your account is linked to another one you should [contact](#) Dr Peter NEUMANN and request a change in your contact information.

Note that the Travel Reimbursement Form is unique to you and to the meeting. You cannot re-use somebody else's form or a form that you have used for a previous meeting.

- Put your login/password and click “Enter” to log in. The system will check that the address where the invitation was sent is the same as the one in your profile.

## Step 4/5

Title	Varroa, viruses and standardization of methods
Start Date	2010/11/01
End Date	2010/11/04
Location	Swiss Bee Research Centre, Bienne [CH]

### Meeting Participant Details

Full Name	Mr Francois RICCOBENE
Participant email	<a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>
Representing Organisation	COST Office (Bruxelles, Belgium)

<b>Step 1/5</b>	<b>Invitation</b>	Accepted	on 22/09/2010	<input type="button" value="Decline"/>
<b>Step 2/5</b>	<b>Reimbursement</b>	Yes	on 22/09/2010	<input type="button" value="No"/>
<b>Step 3/5</b>	<b>Login</b>	You are identified as: <a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>		
<b>Step 4/5</b>	<b>Bank Account</b>	<input type="text" value="Riccobene / BE000000000000002"/>		

Please confirm that you want to be reimbursed for the above event on the specified Bank Account.

After you have confirmed you will not be able to change any information in this screen. We advise you to confirm only shortly before the meeting takes place.

- Choose a bank account from the list.

Title	Varroa, viruses and standardization of methods
Start Date	2010/11/01
End Date	2010/11/04
Location	Swiss Bee Research Centre, Bienne [CH]

#### Meeting Participant Details

Full Name	Mr Francois RICCOBENE
Participant email	<a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>
Representing Organisation	COST Office (Bruxelles, Belgium)

<b>Step 1/5</b>	<b>Invitation</b>	Accepted	on 22/09/2010	<b>Decline</b>
<b>Step 2/5</b>	<b>Reimbursement</b>	Yes	on 22/09/2010	<b>No</b>
<b>Step 3/5</b>	<b>Login</b>	You are identified as <a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>		
<b>Step 4/5</b>	<b>Bank Account</b>	Riccobene / BE00000000000002		

Please confirm that you want to be reimbursed for the above event on the specified Bank Account. **Confirm**

After you have confirmed you will not be able to change any information in this screen. We advise you to confirm only shortly before the meeting takes place.

- Click on “confirm” to save definitely the above details.

## Step 5/5

End Date	2010/11/04
Location	Swiss Bee Research Centre, Bienne [CH]

Meeting Participant Details

Full Name	Mr Francois RICCOBENE
Participant email	<a href="mailto:francois.riccobene@cost.eu">francois.riccobene@cost.eu</a>
Representing Organisation	COST Office (Bruxelles, Belgium)

**Step 1/5** Invitation Accepted on 22/09/2010

**Step 2/5** Reimbursement Yes on 22/09/2010

**Step 3/5** Login You are identified as [francois.riccobene@cost.eu](mailto:francois.riccobene@cost.eu)

**Step 4/5** Bank Account Riccobene / BE000000000000002

On 2010/09/22, you confirmed that you want to be reimbursed for the above event on the specified Bank Account.

**Step 5/5** Please download the Travel Reimbursement Form.

After you have downloaded the Form, you will need to print it, fill in your expenses and bring it with the original proof of your expense to the event. If you find an error in the Form please contact us immediately by mail at [cost@cost.eu](mailto:cost@cost.eu).

- Click on “Download” to generate your reimbursement form. Print it, fill it in and send it to the grant holder. Find below a draft “reimbursement form”.

**TRAVEL REIMBURSEMENT REQUEST - version 2.1 CGS**

<b>1. MEETING DETAILS</b> ( COST MEETING-IC0604-290610-00040 )			
Meeting Title: 6th MC meeting and 9th WG2 (Virtual)		Start Date: 2010-06-30	End Date: 2010-06-30
Action Number: 19999			
Grant Holder #:	E-mail:	Phone:	Fax:
<b>2. PARTICIPANT</b> - information can be found at <a href="http://www.cost.eu/cost/">www.cost.eu/cost/</a>			
FAMILY NAME: Rozobene		FIRST NAME: Francois	
BIRTHDAY: 1965-07-19		TEL: +32 2 520 3253	
E-MAIL: francois.rozobene@cost.eu		INSTITUTION COUNTRY: Belgium	
<b>3. BANK DETAILS</b> - In order to be reimbursed, you must first register your IBAN and SWIFT code via <a href="http://www.cost.eu/cost/">www.cost.eu/cost/</a>			
NAME OF ACCOUNT HOLDER: Rozobene		IBAN: BE0446022	
NAME OF THE BANK:		SWIFT:	
<b>4. ACCOMMODATION and MEALS</b>			
Travel START (door-to-door)	Date:	Time:	
Travel END (door-to-door)	Date:	Time:	
<b>4a. HOTEL</b> - Total number of hotel nights (fixed rate of €120/night - no receipt required)		Number:	Total (€):
<b>4b. MEALS</b> - Entered by the Grant Holder (fixed rate of €20/meal - no receipt required)			
<b>5. TRAVEL EXPENSES</b>			
<b>PLANE, TRAIN, Long Distance BUS, etc.</b>			
From:	To:	Amount:	Currency:
Continue on separate sheets if required			
<b>5b. CAR</b> (including rented car)		From:	To: (Return)
Proof of distance attached including address of departure:			Km. (both ways)
Name of additional COST passenger:			
Reimbursement fixed rate 0.20 €/km + 0.20 €/km with additional passenger			Total (€):
<b>5c. LOCAL TRANSPORT</b> - For local transport expenses receipts are required under a total of €25 (single & return). Above €25 (a total for the entire trip) and detailed justification & receipts			
<b>5d. TAXI</b> - Taxi fares are only reimbursed when no reasonable public transport available and are limited to €40 in total for the entire trip. Receipts are always required			
		Amount:	Currency:
<b>6. OTHER/ REMARKS</b>			

I certify that this travel claim is a true statement of travel expenses incurred by me. I have not been and will not be reimbursed for these expenses from any other source nor have I included any expenses paid or to be paid directly from another source. I am aware that my home institution may be informed about this payment. I have read the rules for travel reimbursement request and agree to them.

Date:

PARTICIPANT SIGNATURE:

Form and documents checked and approved:

Date:

Grant Holder Approval: