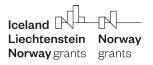




Country: Romania

REQUEST FOR REIMBURSEMENT OF TRAVEL SUPPORT

| I.GRANTEE's SECTION | | |
|---|--|--|
| 1. NAME OF ENTITY: (please type in full name of the applicant organisation) | | |
| 2. Mobile NUMBER: | | |
| 3. TYPE: (enterprise, NGO etc., please specify) | | |
| 4. ORGANISATION NUMBER (CIF): | | |
| 5. Address of the organization: | | |
| 6. FIELD OF ACTIVITY: business/sector area of interest | | |
| 7. AMOUNT REQUESTED in EUR: | | |
| 8. FINANCIAL IDENTIFICATION FORM: see Annex 2 | | |
| 9. TRAVEL REPORT: see Annex 1 (travel documentary evidence included) | | |
| 10. De minimis aid declaration: see Annex 3 | | |
| I hereby certify that all the information in this document, including its annexes, is accurate and complete. | | |
| NAME OF LEGAL REPRESENTATIVE: | | |
| SIGNATURE: DATE: | | |
| | | |
| Innovation Norway Bucharest office, Royal Norwegian Embassy, 11 George Enescu St., Floor 6, 010301 Bucharest 1, Romania. The entities should also submit a copy of an official document mentioning the name of the legal representative: - for enterprises: a copy of the certificate of status (certificat constatator) issued by Trade Registry - for NGOs: a copy of the statute, in force on the date of submission of the request for reimbursement Applicants from Norway/Iceland/Liechtenstein: this reimbursement form, together with annexes 1, 2 and 3, is to be filled in, signed, dated and send electronically at: RO.Innovation@innovationnorway.no | | |
| | | |
| II. INNOVATION NORWAY'S SECTION | | |
| PAID IN EUR (order faxed herewith/informed by e-mail) | | |
| REJECTED (see letter attached for reasons for rejection) | | |
| CASE HANDLER: DATE: SIGNATURE: | | |





ANNEX 1 –TRAVEL REPORT

| NAME OF ENTITY: |
|---|
| DATE OF MISSION: |
| PLACE OF MISSION: |
| BUSINESS/SECTOR AREA: |
| |
| NAME AND CONTACT DETAILS OF PARTNERS VISITED, COUNTRY VISITED: |
| |
| |
| MAIN PURPOSE OF MISSION: |
| Include name of participant |
| |
| |
| MAIN OUTCOME OF MISSION: |
| |
| |
| ATTACHMENTS (documentary evidence of your travel): Confirmation of completed travel from travel agent/airline company, ticket/boarding card or similar. |
| |
| SIGNATURE: |
| |
| |
| |





ANNEX 2 – FINANCIAL IDENTIFICATION FORM

(please fill in using BLOCK CAPITAL letters)

| ACCOUNT HOLDER | | |
|---|-----------------------------------|--|
| NAME: | | |
| VAT NUMBER: | | |
| | | |
| | | |
| BANK | | |
| NAME: | | |
| BRANCH ADDRESS: | | |
| ACCOUNT NUMBER: | | |
| IBAN: | | |
| BIC/SWIFT: | | |
| | | |
| | | |
| BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE | DATE + SIGNATURE ACCOUNT HOLDER : | |
| (Both Obligatory)(1) | (Obligatory) | |
| | | |
| | | |
| | | |
| | | |

(1) The bank stamp and signature of its representative are not required if this form is accompanied by a copy of a bank statement. The signature of the account holder is obligatory in all cases.