

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:

Applicants from Romania: *this reimbursement form, together with annexes 1, 2 and 3, is to be filled in, printed, signed, dated and posted in an envelope bearing the reference: 'SMEs Growth Romania – Travel Support Scheme' to:*

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:

<u>BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE</u> (Both Obligatory)(1)

<u>DATE + SIGNATURE ACCOUNT HOLDER :</u> (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.