



Project costs reimbursement Form  
(travel, food, other means)

Project name:	Creative Nordic Generation 2030 (CNG): from Niflheim to a paradise of Yggdrasil...	Claim nr. _____
Name and Family name:		
Organisation name:		
Event:		

Annex nr.	Document nr.	Date	Paid to	Explanation of the costs	Total Amount
1.					€
2.					€
3.					€
				TOTAL:	€
	<b>Comment:</b> 1 EUR - _____ SEK 1 EUR - _____ DKK 1 EUR - _____ NOK				
	* Please enclose original invoice/receipts, ticket, boarding pass, E-ticket/Itinerary, proof of payments etc. * Invoice should show payment made and zero balance payable. * For electronic payment, copy of credit card statement should show the relevant payment transaction				

I, \_\_\_\_\_ (\_\_\_\_\_) confirm hereby the veracity of all attached project expenses (travel) related to the \_\_\_\_\_ happening on the \_\_\_\_-\_\_rd \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.

Reimbursement of the claimed costs please conduct by bank transfer on the following IBAN account: \_\_\_\_\_

Account holder: \_\_\_\_\_

\_\_\_\_\_  
Claimant`s Signature & date

For office use only	Name and Family name	Date	Signature
Officer approving travel and payment			