

## Procedure for claiming expenses from the Utrecht Network

### DEADLINE FOR CLAIMING

The deadline for claiming any expenses is 2 months after the meetings.

If you have any queries about the process please contact Silvia Mastrapasqua ([silvia.mastrapasqua@unibo.it](mailto:silvia.mastrapasqua@unibo.it))

### CLAIMING EXPENSES THROUGH YOUR INSTITUTION

Please send these documents by e-mail, to Silvia Mastrapasqua ([silvia.mastrapasqua@unibo.it](mailto:silvia.mastrapasqua@unibo.it)):

- ✓ An invoice from the institution, addressed to:

*Utrecht Network,  
Via Zamboni 33  
40126 Bologna*

If the invoice is a scanned copy of the signed original, please send the **original** by post, to:

*Utrecht Network (Silvia Mastrapasqua)  
c/o CeSIA  
Viale Filopanti, 3  
40126 Bologna*

- ✓ Copies of receipts to back up the invoice (including the exchange rate used if applicable)

### CLAIMING EXPENSES PERSONALLY

- 1) Please send by e-mail, to Silvia Mastrapasqua ([silvia.mastrapasqua@unibo.it](mailto:silvia.mastrapasqua@unibo.it)), adding the date of shipment and post tracking number (this is important in case of problems with the post service):

- ✓ the scanned signed Utrecht network expenses reimbursement form + scanned receipts

- 2) Please send by post to Silvia Mastrapasqua, to this address:

*Utrecht Network  
c/o CeSIA  
Viale Filopanti, 3  
40126 Bologna*

- ✓ the **original** signed Utrecht network expenses reimbursement form + **original receipts**

Payment of the reimbursement is subject to the arrival of the original documentation.

### HOW TO COMPLETE THE UTRECHT NETWORK EXPENSES FORM

The Utrecht Network expenses reimbursement form – the following fields need to be completed:

<b>Name and Surname</b>	e.g. Silvia Mastrapasqua
<b>Name of institution:</b>	e.g. University of Bologna
<b>Activity to be reimbursed:</b>	e.g. 'Utrecht Network AGM'
<b>University Visited:</b>	e.g. University of Riga
<b>Date:</b>	Date of expense
<b>Purpose of expense:</b>	e.g. 'Return Flight Bologna-Riga
<b>Claimant signature :</b>	(box bottom left hand corner) – please sign (note that scanned signatures will not be accepted)
<b>Date :</b>	Date of signing the form
<b>Bank and account holder information:</b>	Bank details are needed each time a claim is made