ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

European Society for Medical Oncology

Statement of Expenses

Personal details

Please type or print in capital letters in English

Family Name _____ First Name _____

Institution _____

Address _____

_____

_____

Phone _____ Fax _____ E-mail _____

Meeting/event _____

Date of event _____ Location _____ For ESMO Committee _____

ESMO Expense Policy: ESMO will reimburse reasonable expenses in connection with ESMO meeting activities, and for legal reasons this can only be done against original invoices/vouchers (for air e-tickets, enclose boarding pass receipt). ESMO's reimbursement comprises transportation from your home to the meeting location and back (airfare and train fare; car = train fare if nothing else is agreed upon beforehand; taxi, and parking at airport/railway station), and hotel accommodation. Personal, travel and luggage insurance is neither reimbursed by ESMO nor ESMO's responsibility.

Expense items (only ORIGINAL bills or vouchers will be reimbursed)

Currency used _____

Food & Drinks _____

Honorarium _____

Travel+Park, etc. _____

Hotel _____

Other, specify _____

Total _____

☐ Please send me a check for the above amount, deducting the bank charges (approx. 100 EUR)

☐ Please transfer the amount to the following bank account:

Bank Account (IBAN number + BIC code mandatory for EU + EFTA countries)

Please type or print in capital letters in English

Account no. / IBAN _____

Name, account holder _____

Name of bank _____

Branch _____

City _____

BIC _____

SWIFT _____

Country _____

For office use only

Return the completed form to

ESMO Head Office
Via Ginevra 4, 6900 Lugano, Switzerland

within 4 weeks after the given event
(if received later, reimbursement cannot be expected).