

## European Capital of Democracy Payment and Reimbursement Form

Full name:	
Address:	

Item	Detail	Amount in EUR
Travel		
Other expenses (written pre-approval required)		
Total		

Bank:	
Account holder:	
International Bank Account Number (IBAN):	
BIC/SWIFT Code:	

**Declaration:** I acknowledge to have read the instructions relating to the reimbursements and I have attached all relevant receipts (in original version, if available).

Place, date:	
Signature:	