

Forum 30 Travel Reimbursement Request

Name:	Date:
•	(Indicate the title and date of the event you were
Reason for request:	attending)

Claiming Travel

Air travel claimsmust be documented and submitted to the ICCBBA office with accompanying receipts.

In the table complete a row for each item claimed. Provide a brief description and indicate the currency in which the expense was billed, and the billing amount. You do not need to provide a currency conversion as this will be processed by ICCBBA at the time of payment. If there are any special circumstances associated with an entry (e.g. only part of the airfare value being claimed), note these in the description box, or on an additional sheet.

To be completed by claimant			ICCBBA Office Use		
Date	Description	Currency	Amount	Receipt	Conversion
				Total	

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If you are a North American claimant (USA or Canada) payment will be made by ACH. Bank and account details will need to be submitted in order to initiate payment,

For all other claimants, payment will be made by international wire transfer. Please indicate the currency in which you wish payment to be made and provide the address, city, postal code, country, and bank and account details requested. Wire transfers can only be made if full information is provided. For payments to accounts held within the EC, the International Bank Account Number (IBAN) is mandatory.

Regular claimants need only complete this section if their payment details have changed since the last claim.

I certify that the above expenses were incurred by me on official ICCBBA business:

Street Address:								
City:		State/Pro	ovince:	Pos	stal Code: _		_ Country: _	
Claimants Name (as showr	n on bank account:							
Credit Currency:	Bank Name: Bank SWIFT/BIC Code:							
Account Name:	Acco	ount Number:		IBAN:			_	
Signature:								
	FOR	R ICCBBA O	FFICE USE ON	LY:				
Date received:	Verified against receipts:		Payment approv	ved by:		Date	approved:	
Conversion rates:	US\$ amount:	Date paid:		Check nu	ımber:	S	igned:	
Claim No:			GL Account:				L.	

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