**REEMBOLSO DE GASTOS DE VIAJE A LOS MIEMBROS DEL COMITÉ EJECUTIVO,**

**DE LA ASAMBLEA GENERAL Y DE LOS GRUPOS DE TRABAJO**

Nombre de la Reunión:……………………………………………………………………………

Fechas de la Reunión: Desde………….. Hasta ……………………………

Lugar de la Reunión: …………..………………………………………………………………

Detalles bancarios y de contacto de la organización:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sr. |  |  |  |  | Sra. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Nombre y apellido/S ……………………………………………………………………………………………………………

ORGANIzación ……………………………………………………………………………………………………………

titular de la cuenta ……………………………………………………………………………………………………………..

NÚMERO IBAN ……………………………………………………………………………………………………………

CÓDIGO bic-SWIFT ……………………………………………………………………………………………………………

Tipo de transporte utilizado: Salida/Llegada Coste

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Tren/barco/autobús Interurbano | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  | | TEE suplemento | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  | | Suplemento de cama (doble) | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | Avión(clase turista) | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Vehículo personal | | | | | |  |  |  |  |  |  | Matrícula: | | | | | |  |  |  |  |  |  |  |  | Km (ida/vuelta) | | | | | |  |  |  |
|  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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DECLARO POR MI HONOR QUE LA INFORMACIÓN SUMINISTRADA ES PRECISA Y QUE NO HE RECIBIDO Y no recibirÉ ningún OTRO reembolso de cualquier organización o persona física por LOS GASTOS DE VIAJE O subsistencia declarados.

**FIRMA DEL PARTICIPANTE**

**SELLO DE LA ORGANIZACIÓN**

***RESERVADO PARA LA SECRETARIA DEL LDAC:***

Gastos de viaje: ...................Per-Diem:.................. Gastos de alojamiento:......................

Coste total: ........................................................................................................................

Observaciones:……………………………………………………………………………………………………………...