**Expense Approval (EA) Form**

The workshop leader should fill out this form for ALL expenses.

Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_l\_

Date of workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Requester’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter expense details in the following table:

|  |  |  |
| --- | --- | --- |
|  |  To be completed for approval before the conference | To completed during or after conference |
| No | ITEM | QUANTITY  | COST in CHF | Receipt submitted  | Actual amount spent in CHF |
| 1 |  |  |  | 🗆Yes 🗆 No |  |
| 2 |  |  |  | 🗆Yes 🗆 No |  |
| 3 |  |  |  | 🗆Yes 🗆 No |  |
| 4 |  |  |  | 🗆Yes 🗆 No |  |
| 5 |  |  |  | 🗆Yes 🗆 No |  |
| 6 |  |  |  | 🗆Yes 🗆 No |  |
| 7 |  |  |  | 🗆Yes 🗆 No |  |

Estimated Total costs: CHF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For all purchases, remember to keep the receipts*

**Bank details for reimbursement**

Beneficiaries name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SWIFT / BIC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_