**Expense Reimbursement Form**

Date: dd/mm/yyyy

1. **Applicant**

|  |  |
| --- | --- |
| **Name (English):** | **Name (Korean) (Optional):**  |
| **Email:**  | **Mobile:**  |
| **Address:** |
| **Session name or role for EKC2018:**  |

1. **Expense details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Receipt No.** | **Cost (Currency)** |
| dd/mm/yyyy |  | 1 |  |
|  |  | 2 |  |
|  |  | 3 |  |
|  |  | 4 |  |
|  |  | 5 |  |
|  **Total** |  |

1. **Bank account information (\*mandatory)**

|  |  |
| --- | --- |
| Bank Name\* |  |
| Bank address (optional) |  |
| BIC-Code / SWIFT code\* |  |
| Bank code / Sort code (optional) |  |
| Account holder’s name\* |  |
| Account holder’s address (optional) |  |
| Bank account no.\* |  |
| IBAN No.\* |  |

I hereby claim the above expense(s) accompanied by the receipts for my reimbursement for EKC 2018. I understand that total amounts to be transferred can be adjusted in accordance with the guidelines of the organizing committee.

**Name:**  (Signature)

*\*Note: Scanned copy of the application form including the receipts should be sent via email to EKC 2018 Secretary via* ***secretary@ekc2018.org***

**[Receipt #1]**

**[Receipt #2]**

**[Receipt #3]**