**CONTRIBUTION FORM**

|  |  |
| --- | --- |
| **Selection Reference:**  | **ERA/** |
| **Date of the written test and/or interview: OR** |  |
| **Date of the pre-engagement medical check-up:** |  |

**Part I - INFORMATION about the candidate: TO BE FILLED IN OBLIGATORILY**

|  |
| --- |
| **Name of candidate:**  |

**Legal Entity Form (LEF) & Bank Account Form (BAF) to be provided. Otherwise no contribution will be made**

**Part II - RESIDENCE DETAILS (or address from where the candidate departs): TO BE FILLED IN OBLIGATORILY**

|  |  |  |  |
| --- | --- | --- | --- |
| Address | Poste code | Town/City | Country |
|  |  |  |  |

**Part III - TRAVEL EXPENSES:**

|  |
| --- |
|  |
| **Distance calculation in kms:**  |
| **Travel mean**: [ ]  plane[ ]  train[ ]  private car\*\*if private car, please fill in the following:Car model: Car registration number:Route:  |

|  |
| --- |
| **Please provide a print out of a distance calculator as the crow flies via DistanceFromTo.net and all the corresponding supporting documentsaasgfdgfdgfdgfdgdg** |

**Part IV - HOTEL EXPENSES: Executive Director/delegated authorizing officer - Prior Authorization: YES ☐ NO ☐**

|  |  |
| --- | --- |
| Number of nights | Amount to be reimbursed |
|  |  |

|  |
| --- |
| **Please provide hotel receipt / invoice**  |

|  |
| --- |
| **Please consult the guidelines on the contribution to travel expenses and subsistence allowances for candidates invited by ERA to a selection procedure and or pre-engagement medical check-up for the full information including the supporting documents needed to process the contribution (i.e. Art 6).** |

|  |
| --- |
| **I hereby declare that the above statement is true and that I have not and will not submit a claim for the above to any other authority.****Date: ……………………………………………… Signature of candidate: ………………………………………………………** |