

Directorate-General for Finance
Directorate for Members' Financial and Social Entitlements
Members' Travel and Subsistence Expenses Unit

PLEASE RETURN TO:
European Parliament – MEPs' Portal
SPINELLI 03 H 352
Rue Wiertz 60, B-1047 Brussels
meps.portal@ep.europa.eu

FORM C.1 (O+A)
V. June 2021

**APPLICATION FOR THE REIMBURSEMENT
OF ORDINARY AND ADDITIONAL TRAVEL EXPENSES**

DEADLINE FOR SUBMISSION: at the latest by 31 October of the calendar year following that in which the journey(s) concerned started

- Please fill in using CAPITAL letters -

IMPORTANT NOTICE

1. The relevant supporting documents must be submitted for all amounts for which reimbursement is being requested.
2. For car journeys of 800 km or more, or for journeys between two of Parliament's places of work, the supporting documents must make it possible to determine the date on which the journey was made (e.g. a fuel purchase receipt pertaining to a transaction at the place of departure or during the journey, motorway toll slip, car rental contract or invoice, etc.).
3. For additional travel expenses (Articles 10(1)b and 22 IMMS), the Member must attach an invitation to, or a programme for, the event attended or other supporting documents proving that the journey was made as part of the exercise of the Member's mandate.

REQUESTING MEMBER OF THE EUROPEAN PARLIAMENT

Surname: _____ First name: _____

DECLARATION BY THE MEMBER

I am aware that my application for reimbursement of travel and subsistence expenses must comply with the European Parliament's rules in force, and in particular the Implementing Measures for the Statute for Members of the European Parliament (IMMS).

I hereby declare that the expenses listed below were incurred solely in the performance of my official duties as a Member of the European Parliament and that I paid them personally.

I hereby declare that the money received pursuant to this application will not be used directly or indirectly in a manner contrary to the principles laid down in Article 62 IMMS.

I am aware that any sum unduly paid to me in accordance with this application shall be paid back or recovered in application of Article 68 IMMS and in accordance with the Financial Regulation.

I hereby request that the corresponding payments be made to my bank account in (country) _____ with (name of bank) _____

Date: ____ / ____ /20 ____

Member's signature

DECLARATION OF TRAVEL AND SUBSISTENCE EXPENSES

* Please specify amount, currency and if paid by EP's travel agency

Date	Means of transport	Details of the journey			
___ / ___ /20___	<input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Ship <input type="checkbox"/> Car <input type="checkbox"/> Other:	1	Place of departure	Place of arrival	Expenses *
		2	.....	.....	.....
		3	.....	.....	.....
		If travel by car Reg. No.....		Km counter on departure:	Km counter on arrival:	..... km
___ / ___ /20___	<input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Ship <input type="checkbox"/> Car <input type="checkbox"/> Other:	1	Place of departure	Place of arrival	Expenses *
		2	.....	.....	.....
		3	.....	.....	.....
		If travel by car Reg. No.....		Km counter on departure:	Km counter on arrival:	Total km travelled

TYPE AND DETAILS OF EXPENSES

Ordinary travel expenses Articles 10(1)a, 10(2), 10(2)a IMMS <input type="checkbox"/>	Additional travel expenses Articles 10(1)b, 22 IMMS <input type="checkbox"/>												
<input type="checkbox"/> main journey(s) (18(1) IMMS) <input type="checkbox"/> intermediate journey(s) (18(2) IMMS) <input type="checkbox"/> duly authorised specific mission (10(2) IMMS) <input type="checkbox"/> Council meetings (10(2)a IMMS) Taxi fares (only to/from official meeting venue): <input type="checkbox"/> from/to airport: <input type="checkbox"/> from/to train station: <input type="checkbox"/> within city limits (only Bru and Str): Accommodation expenses (outside the EU only): Request for alternative proof of presence ¹ : ___ / ___ /20___	Accommodation expenses: Meal expenses: Other related expenses (please specify): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type</th> <th style="width: 50%;">Expenses *</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> </tbody> </table>	Type	Expenses *
Type	Expenses *												
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¹ Please indicate the date and attach one of the following documents: extract of the Access control history issued by DGSAFE; proof of use of EP's car from / to the meeting venue; official document, such as meeting minutes, attesting the presence on EP premises; other (please specify)

To be sent to:

**European Commission
Joint Sickness Insurance Scheme
Luxembourg Settlements Office
DRB - B1
L-2920 Luxembourg**



A.5

ID NUMBER OF MEMBER/FORMER MEMBER
NAME AND SURNAME OF MEMBER/FORMER MEMBER

Office address of Member
(or home address of former Member)

Tel.:

CLAIM FOR REIMBURSEMENT OF MEDICAL EXPENSES
to be submitted within 18 months of the date the treatment was administered

*** (Indicate one type only (NOR, ACC) on each application)**

- * **STANDARD REIMBURSEMENT (NOR)** (1)
- * **100 % REIMBURSEMENT** in cases of **SERIOUS ILLNESS (100)** (1): ref.decisionvalid
- * **ACCIDENT (ACC)** (1) involving the Member date of accident:.....
 involving a third party (only if a third party is liable)
 third party liable or no third party liable

Nature of expenses: Consultations, home visits, medicines, etc.	Date of services	Surname and forenames of the patient	Country (2)	Currency (3)	Amount	Reimbursements received from another scheme	Reserved for JSIS

Total of amounts
with no distinction
of currency

**Please do not carry amounts over to another application form as each form is dealt with separately.
Please remove all staples from attached documents.**

- (1) Tick the appropriate box
- (2) Please note the code of the country in which the treatment was carried out (AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, UK)
- (3) EUR = Euro; CHF = Swiss Franc; JPY = Yen; NOK=Norsk Krone; USD = US Dollar.

I, the undersigned, certify that this claim, together with the supporting documents, is correct and that all invoices have been paid.
(Member's/former Member's signature)

This space is reserved for the administration

AtDate :

The personal data on this form are processed in accordance with Regulation (EC) No 45/2001.
See <http://www.finsnet.ep.parl.union.eu/finsnet/cms/lang/fr/pid/899>.