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| **3rd Call for Travel Support** | Country: **Romania** |

**REQUEST FOR REIMBURSEMENT OF TRAVEL SUPPORT**

**I.GRANTEE’s SECTION**

1. NAME OF ENTITY: *(please type in full name of the applicant organisation)*

2. Mobile NUMBER:

3. TYPE: (*enterprise large small or medium)*

4. ORGANISATION NUMBER (CIF):

5. Address of the organization: *….*

6. FIELD OF ACTIVITY: *business/sector area of interest*

7. AMOUNT REQUESTED **in EUR**:

8. FINANCIAL IDENTIFICATION FORM: *see Annex 2*

9. TRAVEL REPORT: see Annex 1 (*travel documentary evidence included*)

10. De minimis aid declaration: *see Annex 3*

11. Acopy of the certificate of status (certificat constatator) issued by Trade Registry (not older then 3 months)

**I hereby certify that all the information in this document, including its annexes, is accurate and complete.**

NAME OF LEGAL REPRESENTATIVE:

SIGNATURE: DATE:

*This reimbursement form, together with annexes 1, 2 and 3, is to be filled in,* ***signed, dated*** *and* ***submitted electronically******to:*** [***RO.Innovation@innovationnorway.no***](mailto:RO.Innovation@innovationnorway.no)*with subject: ‘****SMEs Growth Romania*** ***– Travel Support Scheme’***.

***For Romanian applicants,*** *the entities should also submit copy of the certificate of status (certificat constatator) issued by Trade Registry, mentioning the name of the legal representative.*

**II. INNOVATION NORWAY’S SECTION**

PAID IN EUR (order faxed herewith/informed by e-mail)

REJECTED (see letter attached for reasons for rejection)

CASE HANDLER:

DATE:

SIGNATURE:

**ANNEX 1 –TRAVEL REPORT**

**NAME OF ENTITY:**

**DATE OF MISSION:**

**PLACE OF MISSION:**

**BUSINESS/SECTOR AREA:**

**NAME AND CONTACT DETAILS OF PARTNERS VISITED IN NORWAY:**

**…..**

**MAIN PURPOSE OF MISSION:**

**…..**

**MAIN OUTCOME OF MISSION:**

**…..**

**ATTACHMENTS (documentary evidence of your travel):**

**Confirmation of completed travel from travel agent/airline company, ticket/boarding card or similar.**

**SIGNATURE:**

**ANNEX 2 – FINANCIAL IDENTIFICATION FORM**

(please fill in using BLOCK CAPITAL letters)

**ACCOUNT HOLDER**

**NAME:**

**VAT NUMBER:**

**BANK**

**NAME:**

**BRANCH ADDRESS:**

**ACCOUNT NUMBER:**

**IBAN:**

**BIC/SWIFT:**

