

Claims Information Sheet 2:

How staff can claim for 'Travel Costs' and 'Costs of Stay' from the University

Who can claim?

'Travel costs' and 'Costs of stay' can be claimed from their respective university by:

- Each staff member who is formally invited to attend a workshop at a university that is NOT her/his own (since there is no need to travel to their home university)

What can they claim?

- Each staff member can claim the actual cost, providing these are reasonable, of her/his travel (travel and accommodation); this must be supported by receipts
- Each staff member can claim 10,000 MMK for each day travelling to and from, and attending, the workshop to cover the cost of their food; this may be varied if the university host provides all meals in any one day.

For the staff member to be eligible to claim money, she/he must:

- be employed by one of the Myanmar or European universities in the MuEuCAP project
- have been formally invited to take part in the workshop by the MuEuCAP Project Coordinator, Dr Swen Renner, or by a member of the Steering Committee asked to do this by the Project Coordinator
- have completed, signed (and had countersigned) a *Joint Declaration Form* (see example in Appendix 1 below) and this must cover the date of the workshop
- have attended a workshop in a university that is NOT their own (*so for example, you cannot claim travel costs or costs of stay if you are Myeik University staff member attending a workshop in Myeik University*)
- have signed the workshop attendance list for each day that they are claiming
- have completed an *Annex III form - 'Individual Travel Report for travel costs and costs of stay'* (see example in Appendix 2 below) and given this to Dr Swen Renner
- **have completed a claims form (see example in Appendix 3 below) and submitted to their university.**

The university needs to:

- reimburse the actual costs of travel and accommodation AND the 10,000 MMK per person/per day for food and incidentals to the staff member based on the claim form and receipts received from the staff member – providing the claims are reasonable
- scan/photocopy the *Annex III form* (Appendix 2), the claim form (Appendix 3) and the receipts; file these scans/photocopies for their own records; AND send the originals stapled together (including receipts) to Dr Swen Renner at some convenient moment
- claim the theoretical costs of travel from the European Union. For this procedure see **Claims Information Sheet 1: How universities can claim for 'Travel Costs' and 'Costs of Stay' from the European Union.**

JOINT DECLARATION

Ref. No... leave blank, do NOT fill in Project No. 585618 (MuEuCAP) this is always the same

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

FROM Myeik University
Hereinafter "the Institution"*

AND Name: Dr Khin Mie Mie
Address: ...Please include your home address/ residential address
Hereinafter "the Staff member"*

THE INSTITUTION AND THE STAFF MEMBER HEREBY CERTIFY THAT:

- The Institution is a member of the partnership for the above-mentioned project.
- The Staff member is either:
 - employed by the Institution and is part of its payroll system **YES/NO**
 - or
 - a natural person ** assigned to the project on the basis of a contract against payment **YES/NO**
- The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

	dd/mm/yy		dd/mm/yy
FROM	01/02/2018	TO	01/04/2019

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

Dr Khin Mie Mie is a staff member of the Zoology Department of Myeik University. She is participating in WP1, WP2 and WP7.....

- Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	Teacher
Country of the Institution	Myanmar
Number of days worked and charged to the project (according to time-sheet)	

- This declaration does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and is established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in ... Myeik University Date ??...include the start and end date of the work that you have carried out

Name... Khin Mie Mie

Function... Assistant Lecturer

Institution ... Myeik University Staff member name... Khin Mie Mie

Signature and Stamp of the Institution

Signature of the Staff member

*The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the Institution where this person worked for the project. The Institution must be a member of the partnership.

** A natural person (*individual*) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if: (i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed); and (ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and (iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

Appendix 2

ANNEX III - INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay

To be filled in by *each* participant

In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...leave blank, do NOT fill in.....Project No. ...585618 (MuEuCAP) this is always the same
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

(1) PERSONAL DATA

Surname: **Mie**Forename: **Khin Mie**(apologies but the EU does not understand that Myanmar names do not have a Forename and Surname – sorry about that!).

Nationality: **Myanmar**.....

Home institution: **Myeik University**.....

Staff position/student year of study at home institution: **Assistant Lecturer**.....

(2) TYPE OF ACTIVITY (Tick as appropriate)

STAFF

<input checked="" type="checkbox"/>	Teaching/training assignment
<input checked="" type="checkbox"/>	Training and retraining purposes
<input type="checkbox"/>	Updating programmes and courses
<input type="checkbox"/>	Practical placements in companies, industries and institutions
<input type="checkbox"/>	Project management related meetings
<input type="checkbox"/>	Workshops and visits for result dissemination purposes

STUDENTS

<input type="checkbox"/>	Study period
<input type="checkbox"/>	Participation in intensive courses
<input type="checkbox"/>	Practical placements, internships in companies, industries or institutions
<input type="checkbox"/>	Participation in short term activities linked to the management of the project

(3) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)
	08/01/2019	12/01/2019
PLACE OF DEPARTURE**	HOME INSTITUTION Myeik University	
	COUNTRY... Myanmar CITY... Myeik	
PLACE OF DESTINATION/ LOCATION OF ACTIVITY	HOST INSTITUTION ... University of Mandalay	
	COUNTRY... Myanmar CITY... Mandalay	
TRAVEL DISTANCE***	Km 1095this distance needs to be checked for each different journey (see website information below).....	

*Please indicate period of travel from departure to return to place of origin
** If different from Home institution please enclose authorisation from the Agency
***Travel distance in Km (One-way travel using distance calculator:http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities

(4) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):... 9/1/2019 To (date): ... 11/1/2019
DESCRIPTION OF ACTIVITY(IES) PERFORMED (brief description of the activities performed) ...to participate as a teacher and trainee in a workshop for WP2 – specifically contributing to, and being training in, hard skills and transferable skills as part of a new curriculum in environmental protection. ...to participate in communication and outreach activities (WP7)	

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities.

Date:.....**12 January, 2019**.....

Signature:**.....**.....

Appendix 3

Reimbursement of Expenses Example - Saved

Paul Bates

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Clipboard Font Alignment Number Styles Cells Editing

Calibri 9

Wrap Text

General

Conditional Formatting Format as Table Cell Styles

Insert Delete Format

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Dr Khin Mie Mie - MuEuCAP - Myanmar expenses for Mandalay University Workshop - October2018															
2	Date of action	Payee	Reason	Invoice cost in local currency (Credit card)	MMK	\$US	Receipt No									
3																
4																
5	10-Oct-18	GeoDiscover Travel	Flight Myeik to Yangon return		120000.00		1									
6	10-Oct-18	GeoDiscover Travel	Flight Yangon to Mandalay return		120000.00		2									
7	10-Oct-18	Mandalay taxi	Taxi from Mandalay airport to Bagan King Hotel		12000.00		3									
8	15-Oct-18	Bagan King Hotel Mandalay	Accommodation for workshop (nights of 10 to 15 October)	\$454,13			4									
9	15-Oct-18	Mandalay taxi	Transfer from Bagan King Hotel to Mandalay Airport		120000.00		5									
10	15-Oct-18	City Hotel Yangon	Accommodation overnight to meet Myeik flights	\$119	300000.00		6									
11																
12	Totals in original currency					432000.00	0.00									
13																
14																
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MuEuCAP Expenses HI Expenses Flyers

Ready

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