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| SMEs Growth Romania | 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, NGO etc., please specify)*

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*

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

NAME OF LEGAL REPRESENTATIVE:

SIGNATURE: DATE:

**Applicants from Romania**:*this reimbursement form, together with annexes 1, 2 and 3, is to be filled in,* ***printed,******signed, dated*** *and* ***posted*** *in an envelope bearing the reference: ‘****SMEs Growth Romania*** ***– Travel Support Scheme’*** *to:*

**Innovation Norway Bucharest office, Royal Norwegian Embassy, 11 George Enescu St., Floor 6, 010301 Bucharest 1, Romania.**

*The entities should also submit a copy of an official document mentioning the name of the legal representative:*

*- for* ***enterprises****: a copy of the certificate of status (certificat constatator) issued by Trade Registry*

*- for* ***NGOs****: a copy of the statute, in force on the date of submission of the request for reimbursement*

**Applicants from Norway/Iceland/Liechtenstein:** *this**reimbursement form, together with annexes 1, 2 and 3, is to be filled in,* ***signed, dated*** *and* ***send electronically at:*** [RO.Innovation@innovationnorway.no](mailto:RO.Innovation@innovationnorway.no)

**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, country visited:**

**…..**

**MAIN PURPOSE OF MISSION:**

*Include name of participant*

**…..**

**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:**

