



CLAIM OF TRAVEL COSTS AT THE END OF ACTIVITY

TO COMPLETE AND RETURN TO **PMO.4** to the following mailbox:
PMO-DEPARTURE-RIGHTS@ec.europa.eu

NAME & forename: Personal n°:

INSTUTION / AGENCY: City:

Date beginning of contract: Date end of contract:

I travelled back to: my place of origin/resettlement:

Address and phone number after the termination of service (**obligatory**):

Email address:

Dependent member of family who travelled and resettled with me (spouse and/or children)

| | |
|--------------|-----------------------|
| Name: | Date of birth: |
| | |
| | |
| | |
| | |

Travelling from: Date:
 to Date:

Trip by: train car plane (**Please attach your travel documents: tickets, boarding pass, invoice ...**)

I declare that I have not received any reimbursement from elsewhere.

I declare on my honour that the information given above is complete and accurate and I undertake to notify to the PMO of any change which could affect my current situation.

I acknowledge that according to Article 85 § 1 of the Staff Regulations: “Any sum overpaid shall be recovered if the recipient was aware that there was no due reason for the payment or if the fact of the overpayment was patently such that he could not have been unaware of it”.

Date:

Signature:

RESERVED FOR PMO

Place of origin:

Official Spouse Children

Visa PMO
Total to pay: