PhD student:       Date of reading:

Time of reading:

1. STATEMENT BY THE COMMITTEE MEMBER

|  |  |
| --- | --- |
| Surname and first name:      | ID card no.      |
| University/Organisation      | Address (Street, house no.)      |
| Postcode.      | Town      | Province      | Telephone no.:      |
| E-mail address:      |
| IBAN | Bank | Office | C.D. | Account no. |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Bank (1)      | Postal address of Bank (only foreign Banks)      | SWIFT (only foreign Banks)      | **Country where taxes** (only foreign Banks) |

1. TRAVEL

|  |
| --- |
| Means of transportation used |
| [ ]  Train, bus, plane (underline as appropriate)[ ]  Tickets bought at an authorised agency[ ]  Supporting documents for other travel expenses attached.[ ]  Private vehicle registration number:       | ITINERARY |
|       | León |       | Total Kms.: |       |
| OUTBOUND DEPARTURE |
| Date:      | Time:      |
| RETURN TRIP ARRIVAL |
| Date:      | Time:      |
| León, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YYYY-MM-DD](Committee Member’s signature) |

1. SECRETARY'S STATEMENT

|  |
| --- |
| Mr/Ms , Secretary of the Committee CERTIFIES that the committee member has carried out the mission entrusted to him/her in the terms described above and that the particulars stated are true. |
| Approved by: THE PRESIDENT(signature) | León, date:            [YYYY-MM-DD](signature) |
| Signed by:      | Signed by : Committee Secretary |

1. 4. COMPENSATION ACCOUNT (*To be filled in by the University*)

|  |  |
| --- | --- |
| *Board and accommodation* (a) | Transport(b) |
| Board | No. of days | Amount/day37,40 € | Total | Private vehicle:\_\_\_\_\_\_\_Km. x 0,23 € = | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL BOARD: |  | Tickets from: \_\_\_\_\_\_\_\_\_\_\_ | Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Accommodation booked with an authorised agency | Tickets from: \_\_\_\_\_\_\_\_\_\_\_ | Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Accommodation  | No. of days | Amount | Total | Metro, toll, taxi, parking:(Underline as appropriate) |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TOTAL BOARD AND ACCOMODATION (a) |  | TOTAL TRANSPORT (b) |  |
| TOTAL INTEGRAL (a+b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOTAL WITHHOLDING (\_\_\_ %) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOTAL TO BE PERCEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved: DIRECTOR OF THE DOCTORATE SCHOOLSigned by: Miguel Ángel Ferrero García |