



APPLICATION TRAVEL ORDER

TO BE COMPLETED IN BLOCK CAPITALS

To be sent to:
 Eloïse CHARLERY
 CNRS / UMR 7023 - Structures Formelles du Langage
 59/61 rue Pouchet
 75017 PARIS
 or : eloise.charlery@cnrs.fr

- For France and the EU: **at the latest a 15 days** prior to scheduled date of departure.
- For OTHER COUNTRIES: **at the latest ONE MONTH** prior to scheduled date of departure.

IT IS IMPERATIVE THAT YOU RESPECT THIS TIME LIMIT: FAILURE TO DO SO WILL LEAD TO YOUR APPLICATION BEING REJECTED. ANY INCOMPLETE APPLICATION TRAVEL ORDER WILL BE RETURNED

- | | |
|---|--|
| <input type="checkbox"/> TRAVEL EXPENSES FULLY COVERED BY CNRS | <input type="checkbox"/> TRAVEL ORDER WITHOUT TRAVEL EXPENSES |
| <input type="checkbox"/> TRAVEL EXPENSES PARTIALLY COVERED BY CNRS AND: | <input type="checkbox"/> TRAVEL EXPENSES FUNDING BY RESEARCH CONTRACT (acronym): |

TRAVELER INFORMATION

Ms. Mr.

Last name:

First Name:

Nationality:

For French residents: Social Security N°

For residents outside of France: Passport number and Expiry date

Date of birth (DD/MM/YYYY):.....

Home address:.....

Zipcode:

City:.....

Country:.....

Phone:.....

E-mail:.....

TRAVEL EXPENSES COVERED BY CNRS

Bank account details:

- If you have a French bank account: Please provide a *Relevé d'Identité Bancaire (RIB)*.
Bank details handwritten or included in an email are not accepted by the finance department.
- If you do not have a French bank account, please provide an original banking document with your name and surname, your address, name of your bank, full address of your bank, your bank account number, your SWIFT/BIC-IBAN

*For countries **outside of Europe**, there is not always IBAN. In this case one of the following codes is obligatory **SWIFT, BIC or ABA/Routing number (USA)**.*

PROFESSIONAL ADDRESS

For NON-CNRS Staff : a certificate attesting non-payment by the organization employing the person must be enclosed.

Organization:
Work address:.....
Zipcode:
City:.....
Country:
Phone:.....
Function (Ex : Professor, lecturer, student, etc.):.....

INFORMATION CONCERNING TRAVEL

DEPARTURE

From (City/Country):..... To (City/Country):
Date of departure (DD/MM/YYYY):
Time of departure:.....
Time of arrival:.....

RETURN

From (City/Country):..... To (City/Country):
Date of return (DD/MM/YYYY):
Time of departure:.....
Time of arrival:.....

*For travel with multiple destinations:

Table with 6 columns: FROM (City/Country), TO (City/Country), DEPARTURE (DATE OF DEPARTURE, TIME OF DEPARTURE), RETURN (DATE OF RETURN, TIME OF ARRIVAL). Includes 4 empty rows for data entry.

DETAILED REASONS FOR TRAVEL

If conference, symposium, workshop or seminar, etc.: a program or an invitation must be attached.

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MEANS OF TRANSPORT USED (booking to be made by CNRS)

Air Rail

Please provide our office manager with an accurate and detailed schedule

.....
.....

SEASON TICKET

YES NO

Type: Number:

Rented motor vehicle

Travel by privately owned vehicle

Prior written authorization must be signed by the head of research unit. Please attach a photocopy of:

- **the vehicle registration card**
- **the insurance certificate**
- **valid driver's license**

OTHER

Subway, RER, bus Taxi

REGISTRATION FEE (amount):

ACCOMODATION (booking to be made by CNRS)

YES NO

Number of nights:.....

Desired hotel/location:.....

.....

MEALS

Meal outside an administrative restaurant Number:

Administrative restaurant Number:

AVANCED PAYMENT

Advanced payment

YES

NO

Request to complete one month before and subject to management approval.

Please keep all your receipts, only expenses justified by receipts can be reimbursed – if receipts are not provided, the regional headquarters will demand reimbursement of part or all of the advance for the daily allowance.



By submission of this application order travel, I certify that there are no items listed as reimbursable which relate to personal or unallowable expenses. I have not, and I will not, be receiving reimbursements from any other source for these expenditures nor have any of these expenses already been paid by another entity.

ON YOUR RETURN, PLEASE PROVIDE THE ORIGINALS OF THE INVOICES/RECEIPTS/VOUCHERS/BOARDING PASS etc.. FOR ALL YOUR EXPENSES

DATE (DD/MM/YYYY):	DATE (DD/MM/YYYY):
Traveler's Signature:	Direction of the laboratory :