

### **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

#### Registration number

B160061

Name	Rackwitz, K.	Rackwitz, K.		
Destination Country	Belgium			
Destination City	Brussels			
Reason	Heads of Agencies' Meeting			
Mission Type	Administrative Mission *			

Notional Itinerary No Exceptional Itinerary No	
Eventional Itinarary No.	
Exceptional functary 100	
Reason	
Start of work date & time 18/0	02/2016 09:00:00
End of work date & time 18/0	02/2016 17:00:00
Actual Departure date & time 17/0	)2/2016 17:00:00
Actual Return date & time 18/0	)2/2016 22:00:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: False

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	1.5 Day(s)	EUR 92.00	1.50	EUR 138.00	
Hotel	Crowne Plaza-Le Palace	EUR 160.00	1.00	EUR 160.00	
Other	Service car	EUR 0.00	2.00	EUR 0.00	
Other	City tax	EUR 7.50	1.00	EUR 7.50	
Lunch	1 Meal(s) Deduction	EUR 92.00	-0.30	EUR -27.60	
Breakfast	1 Meal(s) Deduction	EUR 92.00	-0.15	EUR -13.80	

Total Expenses to be reimbursed	EUR 264.10

Total Cost of Mission	[F	EUR 264.10

Breakfast		Dinner
1	1	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior***	Signature Applicant	Authorising Officer
Date:	Date:	Date:



**Statement of Mission Expenses** (This form must be completed within one month after the mission)

		Regi	stration number	1	B160180	
Name	<u> </u>	Rackwitz, K.				
Destination Country Belgium						
Destination City		Brussels				
Reason	. ::	Meeting with DO	G JUSTICE			
Mission Type				<u>, , , , , , , , , , , , , , , , , , , </u>		
Standard Itinerary		Yes				
Notional Itinerary		No				
Exceptional Itinerary		No				
Reason						
Start of work date &		20/01/2016 14:0	00:00			
End of work date & time 20/01/2016 16:00:00						
Actual Departure date		20/01/2016 10:3	30:00			
Actual Return date &	time	20/01/2016 19:0	00:00			
Notional departure da						
Notional return date d					<u> </u>	
Booking by Carlson Wagonlit: Fal	se					
Expense Type	Description	Amount	Number Of Unit	s	Total	Remarks
Daily Allowance	0.5 Day(s)	EUR 92.00	0.50		EUR 46.00	
Other	Service car	EUR 0.00	2.00		EUR 0.00	
Total Expenses to be	reimbursed				EUR 4	6.00
Total Cost of Mission					EUR 4	6.00
				1 .		
Breakfast		Lunch Dinner				
0		0		0		
Declaration of Ho						
in the interest of I	Eurojust and	l all receipts ar	nd supporting do	ocumen	ts are attac	hed to this
form.	<u></u>					

Signature Applicant

Date:

Hierarchical superior\*\*\*

Date:

Authorising Officer



### **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

Registration number

B160322

Name	Rackwitz, K.	Rackwitz, K.		
Destination Country	Germany			
Destination City	Berlin			
Reason	Meeting with Ministry of Justice			
Mission Type	Administrative Mission *			

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	15/02/2016 11:00:00
End of work date & time	15/02/2016 13:00:00
Actual Departure date & time	15/02/2016 05:00:00
Actual Return date & time	15/02/2016 22:00:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: True

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance		EUR 0.00	1.00	EUR 0.00	
Other		EUR 0.00	117 1111	EUR 0.00	

Total Expenses to be reimb	ursed	EUR 0.00

Total Cost of Mission	EUR 0.00
	,

Breakfast	Lunch	Dinner
0	0	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior\*\*\*

Signature Applicant

**Authorising Officer** 

Date:	Date:	Date:



**Statement of Mission Expenses**(This form must be completed within one month after the mission)

				Registr	ation number	B16	0339
Name			Rackwitz,	K.			
Destination	Country		Netherland			·	
Destination			Den Haag				
Reason				the Mini	stry of Justice		
Mission Typ	ре		Administra				
Standard It	inerary		Yes				
Notional Iti			No				
Exceptional	Itinerary		No				
Reason							
Start of wor	k date & tim	e	05/02/201	6 15:00:0	00		
End of work	c date & time	)	05/02/201	6 16:00:0	00		
Actual Depa	arture date &	time	05/02/201	6 14:45:0	00		
Actual Retu	rn date & tir	ne	05/02/201	6 16:30:0	00		
Notional de	parture date	& time		<u>-</u>			
Notional ret	urn date & t	ime					
Booking by Carlson	n Wagonlit: False						
Eunanaa			Number Of	1	1		
Expense Type	Description	Amount	Units	Total	Remarks		
Other	Service car	EUR 0.00	2.00	EUR 0.00	,	4	
Total Exper	ises to be rei	mbursed					EUR 0.00
Total Cost of	of Mission						EUR 0.00
Breakfast			Lunch			Dinner	
0			0			0	
7-2-00							
			•				vere incurred by mo
Hierarchical	superior***		Signature A	pplicant		Authorising	Officer

Date:

Date:



Statement of Mission Expenses (This form must be completed within one month after the mission)

### Registration number

B160480

Name	Rackwitz, K.
Destination Country	Belgium
Destination City	Brussels
Reason	Meeting with DG JUST (COMMISSION)
Mission Type	Administrative Mission *

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	25/02/2016 11:15:00
End of work date & time	25/02/2016 14:15:00
Actual Departure date & time	25/02/2016 08:58:00
Actual Return date & time	25/02/2016 17:02:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: True

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	0.5 Day(s)	EUR 92.00	0.50	EUR 46.00	
Taxi	station-mtng venue	EUR 2.10	1.00	EUR 2.10	Taxi not eligible, reduced to the cost of public transportation.
Taxi	mtng venue- station	EUR 2.10	1.00	EUR 2.10	Taxi not eligible, reduced to the cost of public transportation.
Other	DH-Rdam station	EUR 0.00	1.00	EUR 0.00	service car
Other	Rdam station- DH	EUR 0.00	1.00	EUR 0.00	service car

Total Expenses to be reimbursed	EUR 50.20
	· · · · · · · · · · · · · · · · · · ·

Total Cost of Mission	EUR 50.20

Breakfast	Lunch	Dinner
0	0	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior***	Signature Applicant	Authorising Officer
Date:	Date:	Date:

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#### **Invoice Details for Mission B160480**

Description					
6760					
Sequence	Amount	Regis Nr.	Description	IsAuthorized	Remarks
21835	C77.00	B160480	ELECTRONIC RAIL	true	
21836	€77.00	B160480	ELECTRONIC RAIL	true	
21837	€7.50	B160480	FEE FOR RAIL ONE	true	
21838	€7.50	B160480	FEE FOR RAIL ONE	true	
	Sum = C	169.00			



### **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

#### Registration number

B160695

Name	Rackwitz, K.	
Destination Country	Belgium	
Destination City	Brussels	
Reason	JHA agencies meeting with DG JUST	
Mission Type	Administrative Mission *	

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	14/03/2016 11:00:00
End of work date & time	14/03/2016 13:30:00
Actual Departure date & time	14/03/2016 07:58:00
Actual Return date & time	14/03/2016 16:02:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit:True

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	0.5 Day(s)	EUR 92.00	110.50	EUR 46.00	
Other	service car	EUR 0.00	2.00	EUR 0.00	
Taxi	from train station to venue of the meeting and return	EUR 2.50	2.00		Taxi not eligible, reduced to the cost of public transportation.

Total Expenses to be reimbursed	EUR 51.00

Total Cost of Mission	EUR 51.00

Breakfast	Lunch	Dinner
0	0	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior***	Signature Applicant	Authorising Officer
Date:	Date:	Date:
*** NOT applicable for National Members		

View Invoice Details Page 1 of 1

#### **Invoice Details for Mission B160695**

Description					
23365					
Sequence	Amount	Regis Nr.	Description	IsAuthorized	Remarks
21926	€74.00	B160695	ELECTRONIC RAIL	true	
21927	€74.00	B160695	ELECTRONIC RAIL	true	
21928	€7.50	B160695	FEE FOR RAIL ONE	true	
21929	€7.50	B160695	FEE FOR RAIL ONE	true	
	Sum = C	163.00			



**Statement of Mission Expenses** (This form must be completed within one month after the mission)

### Registration number

B160836

Name	Rackwitz, K.	
Destination Country	Belgium	<u> </u>
Destination City	Brussels	
Reason	Heads of Agencies	
Mission Type	Administrative Mission *	

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	25/05/2016 09:00:00
End of work date & time	25/05/2016 17:00:00
Actual Departure date & time	24/05/2016 16:52:00
Actual Return date & time	25/05/2016 21:08:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: True

Expense Type	Description	I A MOUINT I	Number Of Units	Total	Remarks
Daily Allowance	1.5 Day(s)	EUR 92.00	1.50	EUR 138.00	
Other	Service car	EUR 0.00	2.00	EUR 0.00	
Hotel		EUR 140.00	1.00	EUR 140.00	
Taxi		EUR 2.50	1.00	HE-LIK / 10	Please reimburse up to the average cost of a bus ticket
Lunch	l Meal(s) Deduction	EUR 92.00	-0.30	EUR -27.60	

Total Expenses to be reimbursed	EUR 252.90

Total Cost of Mission		EUR 252.90

Breakfast	Lunch	Dinner
0	1	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior***	Signature Applicant	Authorising Officer
Date:	Date:	Date:
*** NOT applicable for National Members		

View Invoice Details

#### **Invoice Details for Mission B160836**

Description					
28829					
Sequence	Amount	Regis Nr.	Description	IsAuthorized	Remarks
21976	€74.00	B160836	ELECTRONIC RAIL	true	
21977	€74.00	B160836	ELECTRONIC RAIL	true	
	Sum = C1	48.00			
28829					
Sequence	Amount	Regis Nr.	Description	IsAuthorized	Remarks
21978	€7.50	B160836	FEE FOR RAIL ONE	true	
21979	€7.50	B160836	FEE FOR RAIL ONE	true	
	Sum = 6	15.00			



# **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

			Regist	ration numbe	r	B161218	
Name		Rac	kwitz, K.			· · · = ·	<u> </u>
Destination Countr	у	Bel	gium				
Destination City		Bru	ssels				· · · · · · · · · · · · · · · · · · ·
Reason		Me	eting with DG.	Justice			
Mission Type		Adı	ministrative Mi	ssion *			
Standard Itinerary		Ye					
Notional Itinerary		No					
Exceptional Itinera	B4W.7	No					
Reason	ı y						
Start of work date	& time		/04/2016 11:30	·00			
End of work date &			/04/2016 11:30:				
Actual Departure d	· · · · · · · · · · · · · · · · · · ·	===	04/2016 14:00:				
Actual Return date			28/04/2016 17:00:00				
		][20]	28/04/2010 17:00:00				
Notional departure date & time  Notional return date & time							
ooking by Carlson Wagonlit							
Expense Type	Description		Amount	Number O	Units	Total	Remarks
Daily Allowance	0.5 Day(s)		EUR 92.00	0.50		EUR 46.00	
Other	EJ Service Car		EUR 0.00	2.00		EUR 0.00	
			DOTT 0.00				
Total Expenses to b	e reimbursed					EUR 4	6.00
Total Cost of Missi	on		<del></del>			EUR 4	6.00
Breakfast		Lunc	h		Dinne	r	
0		0	<u></u>		0		
Declaration of I	Honour : I here	ebv (	declare that	costs ment	ioned abo	ve were incu	rred by n
		•				ents are attacl	J

Signature Applicant

Date:

Hierarchical superior\*\*\*

Date:

**Authorising Officer** 



### **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

Registration	number
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B161219

Name	Rackwitz, K.	
Destination Country	Belgium	
Destination City	Brussels	
Reason	Meeting with IAS Auditors	
Mission Type	Administrative Mission *	

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	11/05/2016 10:30:00
End of work date & time	11/05/2016 14:00:00
Actual Departure date & time	11/05/2016 08:00:00
Actual Return date & time	11/05/2016 16:00:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: False

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	0.5 Day(s)	EUR 92.00	0.50	EUR 46.00	
Other	Service car	EUR 0.00	2.00	EUR 0.00	

Total Expenses to be reimbursed	EUR 46.00

Total C	ost of Mission		 EUR 46.00

Breakfast		Dinner
0	0	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarch	1001	CHINAPIAPT TT
HILLARCH	ncai	superior***

Signature Applicant

**Authorising Officer** 

Date:	

Date:



Statement of Mission Expenses (This form must be completed within one month after the mission)

#### Registration number

B162277

Name	Panagiotopoulos, N.
Destination Country	Spain
Destination City	Alicante
Reason	Heads of Agencies meeting 20-21 October 2016, Alicante
Mission Type	Administrative Mission *

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	20/10/2016 08:30:00
End of work date & time	21/10/2016 14:00:00
Actual Departure date & time	19/10/2016 18:10:00
Actual Return date & time	21/10/2016 18:20:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: True

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	2.5 Day(s)	EUR 88.00	2.50	EUR 220.00	
Taxi	Airport Alicante-Hotel	EUR 20.00	1.00	EUR 20.00	
Hotel	2 nights	EUR 81.00	2.00	EUR 162.00	
Lunch	1 Meal(s) Deduction	EUR 88.00	-0.30	EUR -26.40	
Dinner	1 Meal(s) Deduction	EUR 88.00	-0.30	EUR -26.40	
Flight	Amsterdam-Alicante- Amsterdam	EUR 284.80	1.00		Paid with the personal credit card
Breakfast	2 Meal(s) Deduction	EUR 88.00	-0.30	EUR -26.40	

Total Expenses to be reimbursed	EUR 607.60
Total Cost of Mission	EUR 607.60

Total Cost of Mission	EUR 607.60

Breakfast	Lunch	Dinner

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Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior\*\*\*

Signature Applicant

**Authorising Officer** 

Date:

Date:

Date:

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#### **Invoice Details for Mission B162277**

Description					
77387					
Sequence	Amount	Regis Nr.	Description	IsAuthorized	Remarks
22656	€21.98	B162277	FEE FOR LOW COST	true	
	Sum = 0	C21.98			





# **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

Registration	number	B162430

Name	Panagiotopoulos, N.	
Destination Country	Belgium	
Destination City	Brussels	
Reason	Meeting at the Commission	
Mission Type	Administrative Mission *	

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	20/09/2016 09:00:00
End of work date & time	20/09/2016 10:00:00
Actual Departure date & time	19/09/2016 19:00:00
Actual Return date & time	20/09/2016 13:00:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: False

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	1 Day(s)	EUR 102.00	1.00	EUR 102.00	
Hotel	Thon Hotel EU	EUR 140.00	1.00	EUR 140.00	

Total Expenses to be reimbursed	EUR 242.00

	· ·	7
Total Cost of Mission		EUR 242.00
I total Cost of Mission		LUX 242.00

Breakfast	Lunch	Dinner
0	الم	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Hierarchical superior***	
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Signature Applicant

**Authorising Officer** 

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Data	
LIMIE	

Date:



## **Statement of Mission Expenses**

(This form must be completed within one month after the mission)

#### Registration number

B163053

Name	Panagiotopoulos, N.
Destination Country	Belgium
Destination City	Brussels
Reason	Various meetings with DG JUST, Council and other stakeholders
Mission Type	Administrative Mission *

Standard Itinerary	Yes
Notional Itinerary	No
Exceptional Itinerary	No
Reason	
Start of work date & time	10/11/2016 09:30:00
End of work date & time	10/11/2016 18:00:00
Actual Departure date & time	10/11/2016 07:30:00
Actual Return date & time	10/11/2016 21:30:00
Notional departure date & time	
Notional return date & time	

Booking by Carlson Wagonlit: False

Expense Type	Description	Amount	Number Of Units	Total	Remarks
Daily Allowance	1 Day(s)	EUR 102.00	1.00	EUR 102.00	
Private Car	The Hague-Brussels-The Hague	EUR 0.22	370.00	EUR 81.40	

Total Expenses to be reimbursed	EUR 183.40

Total Cost of Mission	EUR 183.40

Breakfast	Lunch	Dinner
0	0	0

Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.

Signature Applicant

**Authorising Officer** 

Date:

Date:



Statement of Mission Expenses (This form must be completed within one month after the mission)

* * *	·						,			
			Regis	tration number	1	B163244				
Name			Panagiotopoulos, N.							
Destination Country			Netherlands							
Destination City			The Hague							
Reason			ICP Board meeting							
Mission Type			Administrative Mission *							
Standard Itinerary			Yes							
Notional Itinerary			No							
Exceptional Itinerary		N	0							
Reason										
Start of work date & time			5/11/2016 09:00	0:00						
End of work date & time			5/11/2016 11:15	5:00						
Actual Departure date & time			5/11/2016 08:30	0:00						
Actual Return date & time			25/11/2016 11:45:00							
Notional departure date & time										
Notional return date	& time									
Booking by Carlson Wagonlit: F	alse									
Evnence Type	Dagawination		A	N OSII '4		T-4-1				
Expense Type	Description		Amount	Number Of Units		Total	Remarks			
Other	New expense		EUR 0.00	1.00		EUR 0.00				
	-				<del></del>					
Total Expenses to be reimbursed						EUR 0.00				
Total Cost of Mission	n					EUR	0.00			
Breakfast L			unch			Dinner				
0 0		0			0					
Declaration of Honour: I hereby declare that costs mentioned above were incurred by me in the interest of Eurojust and all receipts and supporting documents are attached to this form.										
Hierarchical superior*	chical superior*** Signature Applicant			t	Authorising Officer					
Date:			Date:			Date:				