



**ISN CME PROGRAM  
PAYMENT REQUEST**

Dear Doctor,

Thank you for participating in the ISN CME Program and bringing your professionalism to your colleagues in the emerging world.

Expenses should be indicated **in original currency** in the form below. Please fill this form electronically – do not print

All costs claimed must be supported by a copy of the receipt.

E-ticket travel receipts are now accepted.

Reimbursement requests and completed W8/W9 may be mailed to: [cme@theisn.org](mailto:cme@theisn.org)

**Method of payment:**

On the payment request form, please specify whether you prefer a check or a wire transfer - do not forget to indicate all necessary bank details.

**ISN TRAVEL POLICY FOR CME**

**ISN will cover for all speakers at CME meetings:**

Coach class airfare or business/first class train travel (reservations should be made at least 21 days in advance).

Business Class airfare is permissible only for Executive Committee members and CME Chair where one travel leg is at least 6 hours with a limit of \$ 6000 for a return flight. For fares that exceed this amount, please contact ISN HQ prior to purchase.

Transfers between home, terminal and hotels (please provide receipts).

Auto mileage at \$0.70/Km, tolls and parking.

Normal visa fees.

Tips related to above services.

In principle accommodation is covered the local host. Hotel expense including hotel tax for additional night related to a site visit

**will only be covered ONLY UPON APPROVAL BY CME PROGRAM CHAIR**

**ISN will not cover**

Honoraria for participation in ISN programs/activities.

Hotel and accommodation expenses.

Meal expenses - **UNLESS SPECIAL APPROVAL BY CME PROGRAM CHAIR**

Between meal bar bills.

Room service (unless there is unexpected acute illness)

Personal phone calls and fax charges.

Transportation to/from destinations that are not involved in ISN activities.

Gym or spa fees.

Theater or entertainment tickets or in-room entertainment.

Rush charges for visa or passport (unless the trip is officially requested at the last-minute).

No spouse/partner travel expenses will be covered

Valet cleaning and other personal services.

**EVENT INFORMATION**

|                        |  |
|------------------------|--|
| <b>Event Name:</b>     |  |
| <b>Event Location:</b> |  |
| <b>Event Date:</b>     |  |

**PAYEE NAME & PERMANENT ADDRESS**

|                     |  |
|---------------------|--|
| <b>Last Name:</b>   |  |
| <b>First Name:</b>  |  |
| <b>Phone:</b>       |  |
| <b>E-mail:</b>      |  |
| <b>Address 1:</b>   |  |
| <b>Address 2:</b>   |  |
| <b>Postal Code:</b> |  |
| <b>City:</b>        |  |
| <b>Country:</b>     |  |

**PAYMENT INFORMATION**

Please choose method of payment:

Wire  
 Check

to be sent to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\* ISN encourages U.S. residents to request their reimbursements by check. Checks can be processed in USD only*

**BANK DETAILS**

|   |  |
|---|--|
| Bank Branch Name:   |  |
| Bank Address:   |  |
| Account Holder:   |  |
| Account n:  |  |
| Swift or BIC n:   |  |
| IBAN:   |  |
| ABA n (if US Bank):   |  |
| Currency of Bank  |  |
| Other n:  |  |
| If US Bank > ABA n:   |  |
| If RUB > patronymic name:   |  |
| > 10 digit number:  |  |
| > 5 digit VO Code:  |  |
| Is this a settlement with VAT ?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Communication for payment:  |  |
| Please indicate the name of the person to contact in case additional information is needed: |  |
| Contact Full Name:  |  |
| E-mail:   |  |

**EXPENSES DETAILS**

| CURRENCY 1 |        |                   |                 |                          |
|------------|--------|-------------------|-----------------|--------------------------|
| Item       | Amount | Original Currency | Date of Expense | If other, please specify |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |
| CURRENCY 2 |        |                   |                 |                          |
| Item       | Amount | Original Currency | Date of Expense | If other, please specify |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |
| CURRENCY 3 |        |                   |                 |                          |
| Item       | Amount | Original Currency | Date of expense | If other, please specify |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |
|            |        |                   |                 |                          |

**INTERNAL USE ONLY**

|   |                          |               |                          |           |
|---|--------------------------|---------------|--------------------------|-----------|
| AMOUNT TO BE PAID<br><i>please indicate original currencies</i> |                          |               |                          |           |
| AMOUNT in USD   |                          |               |                          |           |
| PAYMENT DESCRIPTION   |                          |               |                          |           |
|   | <input type="checkbox"/> | PRIOR         | <input type="checkbox"/> | NON-PRIOR |
| BUDGET YEAR:  |                          |               |                          |           |
| CODE:   |                          | SUBMITTED BY: |                          |           |
| APPROVED BY:  |                          | DATE:         |                          |           |