

EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Directorate G - Veterinary and International Affairs
Unit G2 - Animal health

Brussels
SANCO G2/HF/kh/(2013) 255601

Dear Colleagues,


Subject: Disease Categorisation Expert Group, Swine Vesicular Disease – 12 April 2013

Due to diary commitments, we have had to change the date for the above mentioned meeting, for which an invitation was sent to you on 18 February (copy attached for your convenience). Could you please note the new date of 12 April 2013. Timing and location remain the same.

Please print this letter and keep it with your invitation for the purpose of security.

I hope we have caused you no inconvenience with this change.

Yours sincerely,


Alberto Laddomada
Head of Unit

Attachment: Invitation



EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Directorate G - Veterinary and International Affairs
Director

18.02.2013

SANCO/G2/HF/lp (2013) 204269

Ares (2013) 204551

| | | |
|----------|--|--------|
| FAX TO: | CHIEF VETERINARY OFFICERS ANIMAL HEALTH OF: CZECH REPUBLIC, HUNGARY, ITALY, NETHERLANDS, ROMANIA AND FROM ACCEDING STATE (CROATIA) | PRESET |
| COPY TO: | CHIEF VETERINARY OFFICERS ANIMAL HEALTH OF NORWAY PERMANENT REPRESENTATIONS OF CZECH REPUBLIC, HUNGARY, ITALY, NETHERLANDS, ROMANIA MISSION OF NORWAY AND CROATIA | PRESET |
| | EFSA | PRESET |
| | DG HEALTH AND COMSUMERS : | |
| | H. FASHAM | PRESET |
| | S. BELLINI | |

THE EUROPEAN COMMISSION OF THE EU INVITES THE CHIEF VETERINARY OFFICERS OF THE MEMBER STATES AND OF THE ACCEDING STATE STATED ABOVE TO NOMINATE A REPRESENTATIVE TO ATTEND THE FOLLOWING MEETING:

THE EUROPEAN COMMISSION HAS THE HONOUR TO INVITE EXPERTS FROM NORWAY AS OBSERVERS FROM THE APPROPRIATE DEPARTMENTS TO ATTEND THE FOLLOWING MEETING:

| | | |
|-------|--|--|
| I. | DG: | HEALTH AND CONSUMERS, UNIT G2 |
| | TITLE OF MEETING: | DISEASE CATEGORISATION EXPERT GROUP, SWINE VESICULAR DISEASE |
| | LOCATION: | DG SANCO RUE BELLIART, B232 02-17A BRUSSELS |
| | DATE: | 01 MARCH 2013 |
| | TIME: | 10.00 – 13:00h |
| II A. | THE COMMISSION WILL, IN ACCORDANCE WITH ITS RULES, BEAR THE EXPENSES OF <u>ONE EXPERT</u> PER MEMBER STATE AS FOLLOWS: | |
| | TRAVEL EXPENSES | YES (ECONOMY FLIGHT OR FIRST CLASS TRAIN) (TAXI FARES WILL NOT BE REIMBURSED) |
| | SUBSISTENCE EXPENSE | NO |

"WE WOULD LIKE TO INFORM YOU THAT THE COMMISSION'S SERVICES HAVE DECIDED THAT THE REIMBURSEMENT OF TRAVEL COSTS FOR GOVERNMENT EXPERTS CAN ONLY BE MADE ON THE ACCOUNT OF THEIR MINISTRY AND NOT ON A PRIVATE ACCOUNT. MAY WE KINDLY ASK YOU TO CHECK THE BANK ACCOUNT WHICH IS ON YOUR STICKER?"

IF YOU HAVE BEEN USING YOUR PRIVATE ACCOUNT FOR THE REIMBURSEMENT OF YOUR TRAVEL COSTS UP TO NOW, PLEASE PROVIDE THE COMMISSION WITH THE BANK DETAILS OF YOUR MINISTRY. IF YOUR STICKER MENTIONS THE BANK ACCOUNT OF YOUR MINISTRY, NO ADDITIONAL INFORMATION WILL BE NEEDED."

EACH EXPERT WILL NEED TO PROVIDE TO THE COMMISSION DEPARTMENTS THE JUSTIFYING DOCUMENTS ALLOWING THE REGISTRATION IN THE ACCOUNTS OF THE ENTITY THAT THE EXPERT REPRESENTS, AND THE DETAIL OF THE BANK ACCOUNT ON WHICH THE REIMBURSEMENT OF EXPENSES WILL HAVE TO BE CARRIED OUT.

WITHOUT THIS/THESE DOCUMENT(S) THE COMMISSION SERVICES WILL NOT BE ABLE TO CARRY OUT THE REIMBURSEMENT OF EXPENSES. THIS INFORMATION SHOULD BE PROVIDED BY THE EXPERT ONLY ONCE.


Copy of
reimburse_en.xls


Copy of
financial_en.xls

II.B FOR CROATIA

REIMBURSEMENT OF EXPENSES FOR REPRESENTATIVES FROM CROATIA WILL BE SUBJECT TO THE SAME RULES AND REGULATIONS AS THE ONES WHICH ARE CURRENTLY APPLIED FOR REPRESENTATIVES OF MEMBER STATES (IN GENERAL, TRAVEL COSTS FOR ONE REPRESENTATIVE PER ACCEDING STATE).

II.C FOR NORWAY

I HAVE THE HONOUR TO INVITE ONE GOVERNMENT EXPERT FROM YOUR COMPETENT AUTHORITY TO ATTEND THE WORKING GROUP MEETING

TRAVEL EXPENSES NO

SUBSISTENCE EXPENSES NO

III. PRELIMINARY AGENDA:

10:00 – Short overview of disease categorisation tool
10:15 – Global characterisation of the disease: discussion
11:30 – EU specific analysis of the disease: discussion
13:00 – Meeting close

IV. THE FAX NUMBER FOR THE MEETING IS +32 2 29

V. FOR SECURITY REASONS PARTICIPANTS ARE REQUESTED TO PRESENT THIS INVITATION AT THE RECEPTION DESK OF THE BUILDING

VI. PRIVACY STATEMENT

Personal data related to this invitation will be processed under the responsibility of the Head of Unit G2, European Commission's Directorate-General for Health and Consumers, in accordance with Regulation (EC) n° 45/2001 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.

The purpose of the processing is the management of the meeting, including management of: lists and mailings-lists for contacts, invitations, participants, distribution of reports, follow-up meetings and actions, news and publications; photographs/pictures, presentations; publication on the internet/intranet.

Personal data collected and further processed are:

- Data necessary for the organisation and management of the meeting, such as gender (needed for the right title)/name/surname/profession/ postal and e-mail addresses/ phone number/fax number, etc.;
- Identity/passport n°/date of birth (for access control purpose by security guards to the Commission's premises – see DPO-508)
- Information about the form of transport used and accommodation, banking information (for the reimbursement of travel expenses – see DPO-372);
- If you are invited as a member/observer of a Commission Experts Group, some of your personal data (listed in the Notification DPO-2194 Register of Expert Groups) will be made publicly available in the Commission's Register of Expert Groups (<http://ec.europa.eu/transparency/regexpert/>) for as long as the membership upholds and/or until removal from the public site is requested, in view of the transparency policy of the European Institutions and the need to inform the public of the identity and qualifications of the experts advising the Institution.

Access to all personal data information collected in the context of this meeting is only granted through UserID/Password to a defined population of users, without prejudice to a possible transmission to the bodies in charge of a monitoring or inspection task in accordance with Community legislation. These users typically are the chairman and the secretary of the meeting, both supported by a team in the operational services inside the DG.

Your personal data will be part of a list of contact details shared internally amongst the Commission services for the purpose of contacting data subjects in the future in the context of the Commission's activities. If you do not agree with this, please contact us using the Contact Information mentioned in the invitation letter and explicitly specifying your request.

Recourse: Complaints, in case of conflict, can be addressed to the European Data Protection Supervisor.


BERNARD VAN GOETHEM
DIRECTOR



APPLICATION FOR REIMBURSEMENT (to be sent to the person responsible for the meeting)

EXPLANATIONS

Section I

In order to obtain reimbursement of their expenses, experts must fill in Section II of this form.
• The cost of the journey must be given in the currency concerned and be supported by a copy of the ticket and the original travel agency invoice or, failing that, written confirmation of the electronic reservation, giving the amount paid.
• Experts who do not have (or have forgotten) their personal identification sticker must fill in the expert identification sheet overleaf (see instructions on the document)

THIS DOCUMENT IS VALID ONLY IF SIGNED BY THE EXPERT AND THE MEETING SECRETARY

TO BE FILLED IN BY THE EXPERT (in block capitals)

Section II

PLEASE ATTACH AND INITIAL YOUR IDENTIFICATION STICKER TO CONFIRM THAT YOUR DETAILS ARE CORRECT

Mr [] Ms []

SURNAME:

FIRST NAME:

NATIONALITY:

Table with 5 columns: Form of transport used, Outward journey (Dep. time, Arr. time), Return journey (Dep. time, Arr. time), Price paid, Currency

- Train
Air (economy class)
Private car (Registration no: ... km (outward/return))
Other

TAXI FARES AND PARKING FEES WILL NOT BE REIMBURSED

I certify that I have been informed of the obligation to present the documentation concerning this meeting within thirty calendar days of the end of the meeting.
I certify that these particulars are true and accurate and that I will not be receiving any similar reimbursement from any other or the same institution or public or private organisation in respect of the same journey or stay.

DATE / / SIGNATURE OF EXPERT:

TO BE COMPLETED BY THE MEETING SECRETARY

Section III

I certify that the Expert took part (1) from / / to / / in Meeting code Title arranged by DG: and that the expenses claimed (dates and amounts) correspond to the attached supporting documents. Location: BRU/LUX/ISPRA/Other: Expert's departure point (stated in the invitation):

Expert invited as: [] Individual [] Government representative

Ticket pre-paid by the Commission: [] yes [] no

COMMENTS:

Date (3) of submission of the complete file (if different from the date on which the meeting ends)

MEETING SECRETARY (2): Date: / /

Name (block capitals):

Address: Tel: Signature:

(1) please attach attendance list (2) on behalf of the authorising DG (3) this date will be the baseline date



WHEN AND HOW TO FILL IN THIS DOCUMENT:

All sections if your bank details have changed or are not known to the COMMISSION

Only sections 1 and 4 if you have forgotten your identification sticker

Only section 1 if your address has changed

Do you represent a government department or body?

YES

(If no answer is given it will be assumed that you do.)

NO

1-EXPERT (for mailing purposes)

SURNAME

FIRST NAME

ADDRESS

TOWN/CITY

COUNTRY POSTCODE

TELEPHONE FAX

MOBILE PHONE

E-MAIL

2-ORGANISATION FOR WHICH YOU WORK

NAME

ADDRESS

TOWN/CITY POSTCODE

COUNTRY

3-ACCOUNT NAME (OBLIGATORY)

ACCOUNT NAME (1)

ADDRESS

TOWN/CITY POSTCODE

COUNTRY

CONTACT PERSON TELEPHONE

E-MAIL

4-BANK

BANK NAME

BRANCH ADDRESS

TOWN/CITY POSTCODE

COUNTRY

SORT CODE ACCOUNT NUMBER

IBAN

OBLIGATORY (IF CODE EXISTS)

5-REMARKS

BANK STAMP + SIGNATURE BANK REPRESENTATIVE (2)
BOTH OBLIGATORY

DATE+SIGNATURE ACCOUNT HOLDER
OBLIGATORY

(1) The name or title under which the account has been opened and not the name of the authorized agent

(2) It is preferable to attach a copy of recent bank statement, in which event the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder is obligatory in all cases.