**Eurotransplant Reimbursement Form**

Send this form to: [Secretariat@eurotransplant.org](mailto:Secretariat@eurotransplant.org)

|  |  |  |
| --- | --- | --- |
| Name : |  | Initials: |
|
| Address : |  | |
| Phone: |  | |
| Name and domicile of bank: |  | |
| IBAN back account nr |  | |

This is a  Business address & bank account

Private address & bank account

|  |  |
| --- | --- |
| Meeting |  |
| Date/venue: |  |
| Place of departure |  |

|  |  |
| --- | --- |
| Way of travelling : |  |
| Train (copy of ticket enclosed) | € |
| Car:       km x € 0,38 | € |
| Other expenses (receipts enclosed): | € |
| **Total amount to be reimbursed:** | **€** |

Date :

Signature :

*Please check our Financial Policy for more information on reimbursement.*

*You can send this form either digitally or by regular mail; both is not necessary.*