**Eurotransplant Reimbursement Form**

Send this form to: 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.*