

EURON Reimbursement Form

Name of participant _____

Partner Institution _____

Member Number _____

Address _____

Banking Information of the Institution

Name of the Bank _____

Address of Bank _____

SWIFT No _____

IBAN _____

Travel Route _____

Time/date of arrival _____

Time/date of departure _____

List of expenses _____

For full reimbursement original tickets have to be enclosed, for partial reimbursement copies of the tickets are adequate.

Send Form with associated documents to

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