# LuCE Reimbursement Form

Name and Surname:

Institute:

Address:

Phone: Fax:

E-mail:

Meeting:

of date:

**Please transfer the amount to the following account**

Name account holder:

Bank:

Address:

Account Number:

IBAN (Mandatory): SWIFT(BIC)Code:

**Please attach ALL ORIGINAL receipts to the following claims:**

|  |  |  |
| --- | --- | --- |
| **Reason** | **Currency** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

Signature: Date:

**Please return the form to: anca-maria.voicu@fiduria.ch**

**For internal use only**

Amount incl. VAT CHF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount excl. VAT CHF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_