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| For making reimbursements easy and transparent please use this form as a report on your expenses.* Add your personal details
* List all bills with a description and amount in EUR. In case your bill is in a different currency please convert it to EUR and indicate the conversion rate.\*
* Sign and scan this form, and use it as a cover
* Scan all of your bills into a single pdf document and send it to office@andrologyacademy.net

• Payment can only be executed after having received the Treasurer approval |

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| Personal details |  |
|  |  |
| Your name: |  |
| Purpose of travel:(Meeting name, date, location)  |  |
| Your home address: |  |
| Email address: |  |
| Account holder’s name: |  |
| Bank name and address: |  |
| IBAN: |  |
| SWIFT/BIC: |  |

Please list here the bills and attach the copies of them as a scanned pdf document. When possible please combine all pdf documents into one single pdf document for easy handling.

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| --- | --- | --- |
| Item # | Description (please convert local currency to EUR rate)\* | Amount in EUR |
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|  | **Total in EUR** |  |

\*Currency Conversion Rate used (at the start date of the journey) : 1 EUR =
([http://www.ecb.int/stats/exchange/eurofxref/html/index.en.html](http://www.ecb.int/stats/exchange/eurofxref/html/index.en.html%20%20) )

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| 15 December 2021 | signature |