IUPAB Grant Receipt Form

To be sent to:
The Treasurer, Professor P Cozzone, Centre de Résonance Magnétique Biologique et Médicale (CRMBM), UMR n°6612 CNRS - Université de la Méditerranée, Faculté de Médecine de Marseille, 27 Boulevard Jean Moulin, 13005 Marseille,
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Date	**Nature of Expenditure**	**Cost***	**USD/EUR** Please indicate the curency
Total			

* in local currency if not USD or EUR

I certify that the above expenditure has been incurred in accordance with IUPAB conditions for the award of the grant.

Received the above sum.

(Signed) ..... Date .....

(Name) .....

(Position) .....