



EXPENSES CLAIM FORM

Form to be sent with original tickets and receipts to:

IUPAB Treasurer
 Professor P.J. Cozzone,
 Centre de Résonance Magnétique Biologique et Médicale (CRMBM),
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 Telephone +33 (0)4 91 25 65 29; Fax +33 (0)4 91 25 65 39, e-mail patrick.cozzone@univmed.fr

Name of participant:

Title of meeting or event:

.....

Place & dates:

.....

Email of participant:

Nature of Expense (airport transfer, plane tickets, meals etc...) and corresponding dates	Cost in EUR*	Total

* if not EUR , indicate local currency

Please attach all ORIGINAL receipts of expenses. Photocopies are not acceptable. Reimbursements cannot be made without original receipts or original tickets for all expenses claimed. For travel by air, especially if you have an electronic ticket, attach your boarding passes. Air travel paid by IUPAB must be in the most economical class possible.

I certify that the amounts claimed have been incurred on behalf of IUPAB and are not being reimbursed from any other source.

Name :

Signature :

Date

Reimbursement by CHEQUE is possible only in EUR: YES NO

Otherwise, refund is by BANK TRANSFER.
Please, indicate here your preferred currency:
Bank account to which the amount should be transferred:

BANK REFERENCES	
Name & address of account holder:.....	
Name of Bank, Name of Branch & full address:.....	
Account n°	
IBAN (for European countries only):	
Swift code/BIC (Bank Identifier Code):	