## EASL TRAVEL EXPENSE REIMBURSEMENT FORM



In order for EASL to reimburse your travel expenses, please fill the editable forms below, attach all your receipts and send everything to <a href="mailto:faculty@easloffice.eu">faculty@easloffice.eu</a>

If you have any questions about this form or the reimbursement of the travel expenses, please send an email to faculty@easloffice.eu

Deadline for claiming reimbursement to EASL Office: 15 June 2025 In case you need more information please refer to the <u>Faculty Terms and conditions</u>.

Purposi	E OF THE TRIP					
FIRST NAME OF THE BENEFICIARY						
LAST NAME OF THE BENEFICIARY						
BANK HOLDER'S NAME (IF DIFFERENT)						
Address of the beneficiary						
EMAIL ADDRESS OF THE BENEFICIARY						
IBAN						
SWIFT OR BIC						
ACCOUNT NUMBER						
NAME OF	F THE BENEFICIAR	RY'S BANK				
Address of the beneficiary's bank						
Addition	NAL INFORMATION	N (IF REQUIRED)				
	Date	De	SIGNATION	AMOUNT In Original Currency	RATE /1 EURO USE OANDA.COM	AMOUNT IN EUROS
#1	Date	De	SIGNATION			AMOUNT IN EUROS
#1 #2	Date	De	SIGNATION			
	DATE	De	SIGNATION			
#2	DATE	De	SIGNATION			
#2 #3	Date	De	SIGNATION			
#2 #3 #4	DATE	DE	SIGNATION			
#2 #3 #4 #5	DATE	De	SIGNATION			
#2 #3 #4 #5 #6	DATE	De	SIGNATION		USE OANDA.COM	
#2 #3 #4 #5 #6 #7	DATE	DE	SIGNATION			
#2 #3 #4 #5 #6 #7	DATE	De	SIGNATION		USE OANDA.COM	EUROS