Application for reimbursement

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| **Type of expense** (travel, conference fee, etc.) | **Date**  (dd.mm.yyyy – dd.mm.yyyy) | **Details**  (place of departure and destination, name of conference, etc.) | **Total expense in resp. currency**  (amount on receipt) | **Reimbursement in CHF**  (full or partial amount to be reimbursed) |
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| **Total amount of reimbursement** | | | |  |

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| **Details of bank account holder** | |
| Name, first name |  |
| Street & number |  |
| Postal code & place of residence |  |
| IBAN |  |
| *Additional information for foreign bank accounts* | |
| Name of bank |  |
| SWIFT / BIC / ABA |  |

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| **Place and date** | **Signature** |
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