

# Expenses Claim Form

## Beneficiary's information

Name : _____	Bank name : _____
First name : _____	Bank address : _____
Address : _____	Account number : _____
City, ZIP code : _____	IBAN : _____
Country : _____	Swift code : _____

## Details of the expenses claim (name and place of the seminar, conference, etc.)

Description : \_\_\_\_\_

**Information :**

- All expenses (meal, travel, etc.) must be justified with a receipt
- Rate for travelling by car : **CHF 0.70/km**

Expenses details	Amount in CHF	Other currencies	Account number ( for internal use)
<b>Travel by car</b>			
Number of KM <input style="width: 100px;" type="text"/>	Tarif <input style="width: 100px;" type="text"/>		
Number of KM <input style="width: 100px;" type="text"/>	Tarif <input style="width: 100px;" type="text"/>		
Number of KM <input style="width: 100px;" type="text"/>	Tarif <input style="width: 100px;" type="text"/>		
Number of KM <input style="width: 100px;" type="text"/>	Tarif <input style="width: 100px;" type="text"/>		
<b>TOTAL AMOUNT</b>			

<b>Total amount to be paid</b>		<b>Currency desired</b>
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 <p style="font-size: small;">CENTRE INTERNATIONAL D'ÉTUDE DU SPORT</p>
<b>VISA RESPONSABLE CIES</b>
<b>DATE DE RECEPTION</b>

Date and place