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| **Expense claim Form** |   |

*This form applies to Invited Speakers, Executive Committee Members, Organising Committee members and Staff Members related to IFBLS 2021*.

Last Name

First Name

E-mail

In connection with the IFBLS 2021 conference organisation, please reimburse the following expenses

|  |  |  |
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| **Details of claim** | **Amount** | **Currency** |
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|  |  |  |
| **Total** |  |  |

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| **In order to obtain the reimbursement this form must be filled in with all the necessary information, and all tickets must be attached. Please attach scanned documents of receipts and vouchers. Email to: ifblsconference@cap-partner.eu** |

Please send the reimbursement of my expenses by bank transfer, as follows:

**Bank**

IBAN (when available)

SWIFT CODE

Account No (US/CA)

Routing number (US/CA)

Bank account holder

**If you are a Danish citizen, please fill in the following information instead of the information above:**

Bank account no.

Registration no.

Bank account holder

**Privacy**

I authorize CAP PARTNER ApS to handle my personal data for the purposes connected to this form. CAP PARTNER expressly declares that these data will not be given to anyone who is not strictly connected to the pursuit of the aim of this form.

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| **IMPORTANT: if this authorization is denied, it will not be possible for CAP PARTNER to proceed with the reimbursement.** |

CAP Partner ApS internal:

Initials:

Department: Account: