UNINE Institut de Biologie
Programme Doctoral
Emile-Argand 11
CH-2000 Neuchâtel

UNIVERSITÉ DE NEUCHÂTEL

REIMBURSEMENT FORM

Interuniversity doctoral program in organismal biology

All expenses should be approved beforehand !

Please join original documents

tickets pasted on A4, no staples

Beneficiary address

Name: _____ Bank Name: _____

First Name: _____ Bank City: _____

Street: _____ SWIFT/BIC: _____

City: _____ IBAN obligatory: _____

Country: _____

***Details** of the reimbursement (location and title of congress, course, seminar, mobility, travel grant, registration fee, etc.)*
***Transportation**: train, flight, private vehicule (**by special request only !** will usually be reimbursed on the basis of the train ticket 2nd class, half-fare price).*

Description: _____

TEXT	CHF	£/$/E	Other Currency	Change	Account
TOTAL					

Place and date:

TOTAL

Please don't fill in this part !

N° ENGAGEMENT	N° CENTRE DE COÛTS
VISA SCG	VISA RESPONSABLE
UNIVERSITÉ DE NEUCHÂTEL	DATE DE RECEPTION

Important :
Formulaire à retourner au service de la comptabilité générale dûment signé par le responsable muni **de tous les justificatifs originaux** permettant la validation du paiement.

à remplir par la comptabilité

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Version du 03.12.2010/sst