**REIMBURSEMENT FORM – Institut Pascal**

**\*\* PLEASE FILL OUT THIS FORM ON THE COMPUTER – NOT BY HAND \*\****In order to reduce the deadline for your reimbursement, we ask you to provide us with the requested documents as soon as possible, without exceeding 10 days after the end of the program.*

*****Only personal expenses (meaning made by you on your personal bank account) can be reimbursed.* ***Expenses paid by your institution or a third party are not eligible.***

***Please make sure that your bank accepts money transfers in euros currency.***

Date d’arrivée/Date of arrival Date de depart/Date of departure

DD/MM/YYYY DD/MM/YYYY

AS IN PASSEPORT: Nom/Last Name :

AS IN PASSEPORT: Prénom/First Name :

Adresse postale personnelle/Personal Address :

Établissement professionnel/Home Institution :

Poste occupé/Position :

Adresse postale professionnelle/Work Address :

Informations complémentaires/Additional Information :

**BANK RELATED INFORMATION :**

Nom et adresse postale de la banque/Name and address of Bank :

Titulaire du Compte/Account owner :

Numéro de Compte/Account Number :

IBAN (for Europe and a few other countries) :

Code BIC - SWIFT code (**mandatory for all**) :

Routing Number (for American banks) :

****CNAPS (for China) :

**PLEASE ADD THE FOLLOWING PIECES:**

1. *A statement of your banking identity (“RIB”, a cancelled check, a statement or a screenshot of your bank account details with name, address of the bank, account number, IBAN, BIC SWIFT, ABA/routing number, SORT CODE). Screenshot of bank references could be handed in separately or pasted within this document*
2. *The list of expenses for which reimbursement is requested and invoices are provided (see p. 2)*
3. *A copy of the reimbursable invoices, if applicable.*

**LIST OF EXPENSES FOR WHICH REIMBURSEMENT IS REQUESTED**

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| --- | --- |
| **Type of expense** | **Amount** |
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| **TOTAL :** |  |