

RIMS FELLOWSHIP EXCHANGE PROGRAMME (RFEP)

REFUNDING FORM

INFORMATION FELLOWSHIP

Family name + first name fellow:

Address:

Centre/hospital:

Email:

The centre/hospital you have visited:

The time/period of your visit:

Your tutor during the visit (name, address, email):

IBAN (international bank account number) + name of account holder:

SWIFT-Code:

Date: __ / __ 20__

Signature:

BUDGET BREAKDOWN OF EXPENSES

Please complete this table with all expenses related to the fellowship.
Refunding is limited to € 1000,-.

Eligible costs are: accommodation, transport and meals. If these costs are less than
€ 1.000,- other program related expenses can be considered on request.

Description		Invoice number	Amount spent (Euro, €)
Accommodation			
Transport			
Meals			
TOTAL			€

RETURN THIS COMPLETED AND SIGNED FORM + BILLS/INVOICES TO:

secretariat@eurims.org