



Fundația Youth Cancer Europe

Calea Manastur 42B, 400372-Cluj-Napoca,
Cod fiscal: 35424351; nr. de însciere 3/2015
IBAN RO74 BTRL RONC RT03 2880 9701, Banca Transilvania
Telephone: +4 0743-773843 or +4 0745-821573

Travel expense reimbursement form (up to 300 EUR)

The current reimbursement form applies to Youth Cancer Europe members travelling in order to attend certain YCE events. Each reimbursement is done via bank transfer. The reimbursement form is only valid with attached receipts or invoices.

BANK ACCOUNT NUMBER
(IBAN FOR EUROPEAN COUNTRIES)

SWIFT CODE (BIC):

FULL NAME AND ADDRESS OF BANK:

ACCOUNT HOLDERS FULL NAME:

ACCOUNT HOLDERS FULL ADDRESS:

No.	Date	Description*	Cost in local currency	Cost in EUR
1.				
2.				
3.				
4.				
		TOTAL AMOUNT:		

*Each listed expense must have a receipt or invoice.

Please complete this form and send it together with scanned receipts / invoices to katie@youthcancereurope.org

Signature _____

Date _____

YCE approval signature _____