



## EYP Switzerland Reimbursement Form

Date*	
Name, Last Name*	
Address Line 1*	
Address Line 1	
Email*	
Name and Location of the Bank*	
Bank Details (IBAN)*	
Bank Account Number*	

\* Obligatory fields

Subject:	
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### Expenses details:

<b>Total:</b>	<b>CHF</b>

Place, Date:

Signature:

**Attachments:** *[Please attach **all** relevant receipts to this form and state their details]*

*n.b.: Reimbursements that cannot rely on a specific receipt will not be executed.*

Fill out this form and forward it to the Board Member responsible for Finances & Membership.