

Reimbursement form



Suomen Traumatologiyhdistys
Finnish Trauma Association

Finnish Trauma Association
Business ID: 2100731-6

Name of the Event:

Dates:

Beneficiary:

Name:

Date of Birth:

Street Address:

Postal code:

City:

Country:

Phone:

Email:

Bank Details (IBAN & SWIFT/BIC):

Compensable expenses (add original receipts with the form)

Travelling expenses:

Accommodation:

Yield: _____ €

Signature:

Additional details:

Email to rahastonhoitaja@sty.fi or mail to:

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