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| uusheader_2015_2Reimbursement formFinnish Trauma Education LTDCompany ID: 3138564-4 **DSTC Kuopio 12.-14.12.2023** | |
| **The recipient:**  Name:  ID-number / birth date:  Address:  Telephone:  Email:  Bank account (w/ SWIFT/BIC): | |
| Reimbursements (please include receipts)Total:      €Signature | **Additional information:** |
| **Return to:**  [lauri.handolin@pp.inet.fi](mailto:lauri.handolin@pp.inet.fi)    Treasurer Mari Heikkinen Juoksupolku 10 80230 Joensuu, Finland  mari.heikkinen@fimnet.fi | |