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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 Treasurer Mari HeikkinenJuoksupolku 1080230 Joensuu, Finlandmari.heikkinen@fimnet.fi |