# RIMS Fellowship Exchange Programme (RFEP)

# refunding FORM

## Information fellowship

Family name + first name fellow:

Address:

Centre/hospital:

Email:

The centre/hospital you have visited:

The time/period of your visit:

Your tutor during the visit (name, address, email):

IBAN (international bank account number) + name of account holder:

SWIFT-Code:

Date: \_\_\_ / \_\_ 20\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Budget breakdown of expenses

Please complete this table with all expenses related to the fellowship.

Refunding is limited to € 1000,-.

|  |  |  |
| --- | --- | --- |
| **Description** | **Invoice number** | **Amount spent (Euro, €)** |
| Accommodation |   |   |   |
|   |   |   |   |
| Transport |   |   |   |
|   |   |   |   |
| Meals |   |   |   |
|   |   |   |   |
| TOTAL |  €  |

## return this completed and signed form + bills/invoices to:

secretariat@eurims.org