NORGES DANSEFORBUND

Internklient:

Avd: _____

Prosj:_____

Payment form / Reimbursement of travel expenses and fees

Name:_____

Postal address:_____

City:_____

Zip:_____

ID number or number of organisation:_____

Name of bank:_____

Swiftadress:_____

IBAN number:_____

FEE AMOUNT:_____

Specification of reimbursements:

Description:	Amount:
Total:	

Before reimbursement all receipts must be enclosed and all the column must be filled out.

_____ Date/Educators name

_____ Date/Attestation organizer