

EUROPEAN SOCIETY OF ONCOLOGY PHARMACY

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Travel expenses reimbursement

Name: _____
Address: _____
Tax number: _____
Occasion / Project: _____
Meeting: _____
On behalf of: ESOP

(Only completely filled in forms can be processed!)

Travel expenses

Car-Kilometres à 0,28 EUR: _____

Route: from _____ through _____ to _____ plus return

(Please join print-out from Google-map)

Other means of travel (please enclose receipts)

Sum travel expenses **EUR** _____

To transfer to the following account:

Account No. (IBAN): _____

Bank : _____ Bank code / swift code: _____

Account holder: _____

(Place, Date)

(Signature)