



EMS2022 SCOTLAND

Required info for reimbursement

This cost form is valid only when submitted with the original invoices or e-tickets

First name	
Last name	
Address	
Date of birth (date, month, and year)	
Total amount in Euro	
Total amount in local currency	
Bank	
Address of bank	
Account no.	
BIC/SWIFT	
IBAN	
Comments	