

**RECEIPT for the settlement of expense reimbursements**

**to the ASSOCIATION**

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**ARTISTIC DIRECTION**

\_\_\_\_\_

**PROJECT**

\_\_\_\_\_

**work stage**

\_\_\_\_\_

**Surname**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Date of birth**

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Telephone**

\_\_\_\_\_

**1) MEAL EXPENSES**

**Days**

From	Until	Quantity	CHF/Meal	Total CHF
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27,00

From	Until	Quantity	CHF/Meal	Total CHF
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27,00

**Week**

From	Until	Quantity	CHF/Week	Total CHF
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140,00

**TOTAL AMOUNT TO BE REIMBURSED**

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**2) TRAVELS**

From	Until	Total CHF
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From	Until	Total €
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**3) TRAVEL (MILEAGE EXPENSES)**

Itinéraire 1	Date			
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City of departure	Km	CHF/km	Total CHF
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City of arrival		0,76	
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Itinéraire 2	Date		
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City of departure	Km	CHF/km	Total CHF
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City of arrival		0,76	
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**4) PAYMENT METHOD**

Transfer to account

IBAN

**Place and Date**

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**Signature**

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