

SSAI REIMBURSEMENT FORM



Name:

Country:

Address:

Reimbursement should be transferred to:

Bank information: Name and address:

For banks outside Denmark: SWIFT-Code: IBAN no.:

For banks in Denmark only: Reg No: Account No.:

Purpose of the activity or reference:

Dates and place of activity:

Expenses	Amount / currency
Travel expenses	
• Train, bus, flight, ferry	
• Taxi	
• Car km:	
• Other expenses (specify)	
•	
Hotel	
•	
Food, restaurants (list participants)	
•	
Other expenses (specify)	
•	
Total	

Guidelines for reimbursement of expenses please see webpage.

Signature

2007
Date

Reserved for the Treasurer

To be transferred from bank account: Reg. No.: 0914 Account No.: 976 44 14044

.....
Freddy Lippert, Honorary Treasurer

.....
Date

Statement of account and vouchers should be sent to:

SSAI Att. Secretary Gitte Blom,
Department of Anaesthesia 4231,
Copenhagen University Hospital, Rigshospitalet,
DK - 2100 Copenhagen, Denmark