

FEI EXPENSE CLAIM & PAYMENT FORM



ROLE

TESTING VETERINARIAN

TESTING TECHNICIAN

FAMILY NAME

FIRST NAME

ADDRESS

VENUE/EVENT NAME

EVENT DATES

ID

NF

DAILY FEES

Days of work

Administration fees *(applicable for Vet only)*

Currency

Amount

Leave blank

TRAVEL EXPENSES

Private car from

to

TOTAL OF KM (CHF 0,83/km)

Other transport (please attach receipts)

ACCOMODATION EXPENSES

Number of nights (please attach receipts)

OTHER COSTS (please attach receipts)

Please specify

Please specify

TOTAL CLAIMED FOR REIMBURSMENT

BANK TRANSFER DETAILS

IS THERE NEW INFORMATION OR CHANGES IN THE BANK DETAILS?

Yes

No

*To fill out **only** if not already communicated previously or in case of an account change*

Bank Name

Swift

Bank Address

Account No.

IBAN

Beneficiary

Please return this form with supporting documents within
30 days by e-mail to dominique.rochat@fei.org

ACCOUNT	CODE	CURRENCY	AMOUNT
5354	52		
5355	52		
	52		

DEPARTMENT SIGNATURE

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