



**UNIL** | Université de Lausanne  
CENTRE INTEGRATIF DE GENOMIQUE

## Formulaire de Remboursement

First Name :  
Name :  
Group :  
Personal Address :  
Post Code + City :  
Country :

Bank's name *(if Postfinance, only name and IBAN):*  
Bank's Address :  
IBAN :

*Foreign/USA accounts*

*\*Swift/BIC code :  
\*Account number :  
\*Routing code :*

Signature : .....

Denomination	Date of purchase	Price + currency used	Proof of purchase	Price in CHF
<b>Total</b>				

Approval : .....