**To be returned to:**

**Secrétariat IEP, bureau 4556**

Institut d'études politiques **Service Financier**
UNIL – Géopolis Unithèque
CH - 1015 Lausanne-Mouline 1015 Lausanne

 Place, Date

EXPENSE REPORT

**Reason for expenses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exhibit nr** | **Date of Purchase** | **Title** | **Amount** **€ £ $ other** | **Amount CHF** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **Total to be reimbursed** |  |  |

To reimburse to:

|  |  |
| --- | --- |
| First Name LAST NAME |  |
| Full address |  |
| Email |  |
| Bank name and address |  |
| IBAN |  |
| Account nr (optional) |  |
| SWIFT Code (if foreign) |  |

**Handwritten signature of the beneficiary:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_