

**Travel Reimbursement Form - International Participants**

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|------------------------|--|
| Full name: | |
| Email: | |
| Phone number: | |
| Address: | |
| Zip code, City | |
| Account number: | |
| IBAN: | |
| BIC: | |

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|-------------------------------|--|
| Purpose of the travel: | |
|-------------------------------|--|

Travel Expenses:

| Date: | Departure-Destination: | Way of travel: | Cost (NOK): |
|--------------|-------------------------------|-----------------------|--------------------|
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|-------------------------|--|
| Total sum (NOK): | |
|-------------------------|--|

Remember to send all receipts and this form to gensek@europeiskungdom.no