

## **Fellowships for abroad**

Funded by Fondazione AIRC per la Ricerca sul Cancro

## **Refund request**

First name: Title of project:		Last name:	
Type of reimbursement:	□ Health Insurance □ Travel costs	Year of fellowship:	<ul><li>First year</li><li>Second year</li></ul>
Type of expense:			

List of documents and receipts submitted:

Description	Currency	Amount

Refunds for travel costs and for health insurance will not exceed the amount indicated in the notification letter.

Date: \_\_\_\_\_\_Signature: \_\_\_\_\_\_



Please scan all documentation (including this form) and send it as a single PDF file to: <u>administrative.office@airc.it</u>

Refunds will be provided in Euro, by wire transfer. The amount(s) listed above – if in a currency different from the Euro - will be converted in Euro using the exchange rate of the day the transaction was effected.

Specific instructions on how to provide the bank data necessary to execute the wire transfer will be provided by e-mail once the request for reimbursement has been approved.