

## **Gianni Bonadonna Fellowship**

Co-funded by Fondazione AIRC per la Ricerca sul Cancro ETS and Fondazione Gianni Bonadonna

Refund request					
First name:	t name: Last name:				
Title of project:					
Type of reimbursement:	☐ Health Insurance	Year of fellowship:	☐ Fir	rst year	
	☐ Travel costs		□ Se	cond year	
				☐ Third year	
Type of expense:					
List of documents and recei	pts submitted:				
Description		Currency	ency Amoun		
Refunds for travel costs and letter.	d for health insurance wi	ll not exceed the amou	unt indic	ated in the notific	
	Date:				
	Signature	•			



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

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.