**REQUEST FOR REIMBURSEMENT OF EXPENSES OF MEDICAL EXAMINATION**

**To be completed in block capitals by the person concerned:**

|  |
| --- |
| Surname and forename: |
| Bank account number (IBAN): |
| Description and grade of the post: |  |
| Purpose of the medical examination:  |  Pre-recruitment |  Annual |
| Medical examination held at (place) |
| (date) |  |
| Total cost to be reimbursed (EUR):  |

I, the undersigned, declare that this statement is true and correct and that a reimbursement has not already been made**.**

**Attached evidence of the costs:**

🞎 Invoice(s)

🞎 Proof of payment(s)

🞎 Other (specify)

|  |  |
| --- | --- |
|  |  |
| Date | Signature of candidate |