European Institute for Gender Equality

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

Gedimino pr. 16
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Lithuania