



EXPENCE REIMBURSEMENT CLAIM

Research Project Number

Claimant Information

☐ Investigator ☐ Study Nurse ☐ Other, please specify	
Name	Personal Identity Code (or Date of Birth, if applicable)
Street Address	Zip Code
City	Country
E-mail	Telephone Number

Bank Details

IBAN	BIC / SWIFT code
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Expenses Claimed for Reimbursement

Please itemize all expenses. Expenses will not be reimbursed without appropriate supporting receipts	Amount (EUR)
Total Amount Claimed (EUR)	

Signatures

Place and Date	
Claimant, Signature and printed name	Principal Investigator, Signature and printed name

Form submission address:

ostolaskut.hyksinstituutti@hus.fi

HYKS-instituutti Oy
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