

SECTION 4: Signature

I certify that the above details are correct and all amounts claimed were incurred on authorised CiCe business.

Signature of claimant *Date*

SECTION 5: Reimbursement

Please indicate how you would like to be paid by ticking one box below:

Bank transfer

Euro cheque

If you wish to be paid by bank transfer someone from the CiCe office will be in touch to confirm your bank details.

If you wish to be paid by cheque please write the full address that you would like the cheque to be sent to below: