Ultraääniseura

Invoice to the Finnish Medical Ultrasound Society FMUS

Cause of invoice

Pay in full to

Name

Address

Bank account (IBAN, SWIFT)

Banks Address

Taxing number

Personal identification number

Expenses

Travelling € Accommodation € Other expenses €

TOTAL €

APPENDICES (receipts must be enclosed in original)

Date . . Signature

Treasurer
Lääketieteellinen ultraääniseura ry
Anita Virtanen, Hyppösenkatu 9
33610 Tampere