

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	€
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TOTAL	€				
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APPENDICES (receipts must be enclosed in original)

Date	.	.	Signature
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Treasurer

Lääketieteellinen ultraääniseura ry / Leena Alanne
Kalevalankatu 58, 70300 Kuopio