



to be sent to:

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IPC Finance Secretary

**International Parachuting Commission**

**Expense Claim Form. This must be submitted to the IPC Financial Secretary at his/her home address.**

Personal Information	
Name:	
Address:	
Country:	Postal Code:
Telephone: +	
Email:	
Name of FCE:	
Date of FCE:	

Bank Information	
Account Name :	
Account Number:	
IBAN :	
BIC/Swift :	
Bank Name :	
Bank Address :	

Expense Summary		
Description:	Amount (specify Currency)	converted to €
Total		

**Notes:** Reimbursement will be made in the currency requested. The Expense Summary **must be supported by original receipts** for all expenses claimed.

In which currency do you wish reimbursement \_\_\_\_\_