

DEMAND OF MISSION ORDER

First name, Name :
Personal adress :
Professional adress :
Mail adress :

REASON OF THE TRAVEL

Purpose of the mission (conference title) :
PLACE : UNIVERSITY of TOURS / CESR

TRAVEL TO GO	TRAVEL RETURN
DATE :	DATE :
Place and hour for departure :	Place and hour for departure :
Place and hour for arrival :	Place and hour for arrival :
Mode of transport :	Mode of transport :
<input type="checkbox"/> train <input type="checkbox"/> flight	<input type="checkbox"/> train <input type="checkbox"/> flight

PARTS TO BE JOINED FOR REIMBURSEMENT OF EXPENSES :

- Please joint the originals documents (tickets of train, flight, boarding carts....)
- Originals documents for other expenses (hotel, restaurants, bus, subway)
- For any question on the reimbursement, your contact at the financial office of the CESR will be herve.landure@univ-tours.fr / phone : +332.47.36.77.94

INFORMATIONS SHEET

Please return this form to :

Centre d'études supérieures de la Renaissance / antenne financière CESR-MSH
59 rue Néricault-Destouches BP 12050
F-37020 TOURS CEDEX 1 / France

courriel : herve.landure@univ-tours.fr or sandrine.vicente@univ-tours.fr

MISSION REASON at TOURS :

Name of the person which invites you at the University of Tours :

NAME :

FIRST NAME :

Date of birth :

Nationality :

Personal address :

Mail address :

Administrative address :

Account ID. Please **joint a bank document** with :

- ❖ your name and address
- ❖ the name and address of your bank
- ❖ your IBAN or routing number
- ❖ BIC or SWIFT CODE of your bank