

PAYMENT FORM

GL/WBS/CC	62220251	DKAP1-DUP-1-2-1	DK01IM1810
Name	Pia Tolman	Department	Immunology

Hospital	Atopisk Eksem Forening		
Payment receiver (name)	Anne Skov Vastrup		
Personal address (street)	Dådyrvænget 504		
City	Kokkedal	Postal code	2980
Social Security Number (CPR)	1508743838	Authorization no.	xx
Bank Information	Name of bank	Jyske Bank	
	Reg. number	5037	
	Account number	1224283	
	IBAN number	DK8350370001224283	
	BIC/SWIFT code	JYBADKKK	

*It is only possible to make payments to Danish Bank Accounts.

Your personal data such as name, address, social security number, and bank information are only collected for the purpose of payment of fees, transport expenses, and other relevant expenses.

Activity			
Name of activity	Derma-Academy		
Date	31st March 2022		
Venue	Clarion Hotel		
Fee	2083		DKK

Transport expenses			
Expense (taxi, train etc.)			DKK (receipt required)
Travel by car (km.) **	km.	0,00	DKK (3,51 kr. = state rate)
Other			DKK (receipt required)
Total	2083		DKK

**You are not required to provide documentation for driven kilometers.

If you have any receipts, please upload and attach them below.

Receipt 1		Receipt 2	
Receipt 3		Receipt 4	
Receipt 5		Receipt 6	

Signature: 01-apr.-2022

CONSULTANT: Anne Skov Vastrup
Anne Skov Vastrup (1. Apr 2022 20:53 GMT+2)

Payment approval: 04-apr.-2022

SANOFI MANAGER: Anette Widriksen
Anette Widriksen (4. Apr 2022 09:09 GMT+2)

Contract

Effective date: 2021-06-08