

Àrea de Formació Complementària

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## **REQUEST FOR INVOICE**

ELTRIA Research in Action	
Invoice [ x ]	Requested by (name):
Company name:	
VAT no. :	
Address:	
Post code:	City/ town:
Net amount:	Without VAT □VAT □
Contact person (tel. no.):	
Invoice details: ( To be filled in by the AFC)	
( To be filled in by the Al O)	
Name of participant registered:	J
ID no./ DNI:	
Date of payment: / /	
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