



REPAYMENT FORM

Document to be sent back to:

SODEXO – European school canteen– Tel.: 26.68.39.45 – Fax : 26.68.39.46
E-mail : eceuro213.fms.lu@sodexo.com

Date	
Applicant 's Name	
Customer's number	8 0
Student's Name, First Name	
Class	

Bank Information

IBAN	
SWIFT code of the Bank	

Reason of repayment

- Disease (more than 2 consecutive weeks of absence)
 - Sick from/..../..... until/..../.....
 - Enclose a medical certificate

- Departure of the school
 - Departure's date :
 - Enclose a certificate of the School

- Other reason :

Applicant's signature

(to be fill by Sodexo)

Number of meals to pay off	
Price By meal	X
Total to be paid off	=

Canteen Manager 's signature