logo_CMJN_transparent

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| BILAN DE COMPETENCES  DEMANDE DE REMBOURSEMENT FRAIS DE TRANSPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| N° DOSSIER | | | |  | | | | | | | |  | | | | | | |  | | | | | | |
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| **TRANSPORT (cf. barèmes de prise en charge des frais de déplacement)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SNCF** | | | |  | | | | | |  | | | |  | | | |  | | | | | | | | |  | | | | |
| Lieu de départ | | | Lieu d'arrivée | | | | | | Nombre A/R | | | | | | | | Coût du billet A/R | | | | | | | Réservé ANFH | | | | | |
|  | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
| Total | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
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| **Transports urbains** | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |
|  | | | Quantité | | | | | | Coût unitaire | | | | | | | | Coût total | | | | | | | Réservé ANFH | | | | | |
| Métro | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
| Bus | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
| Total | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |
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| **Voiture (ne pas joindre les justificatifs de carburant)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
| Lieu et heure de départ | | | Lieu et heure d’arrivée | | | | | | Nombre de km pour 1 aller | | | | | | | | Nombre d’aller/retour | | | | | | Péage | | | | | | Coût unitaire | | | | | | | Total | | | | | | | Réservé ANFH | | | |
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| Total | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | |
| **Joindre obligatoirement (voir modalités au verso) :   1/ l'attestation de présence à la formation et/ou au stage  2/ les justificatifs originaux agrafés à la demande  3/ 1 RIB (1ère demande ou changement de coordonnées bancaires)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | | |
| **Justificatifs à fournir pour toute demande de remboursement de frais de transport/restauration/hébergement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Frais de transport** (calculé sur la base de l’indemnité kilométrique SNCF)**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| -       Nombre de kilomètres parcourus entre le point A et le point B (mappy.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -       Facture autoroute/péage/parking… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -       Transport en commun (billet de train, abonnement, tickets RATP/métro/bus/tram…) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nota bene : Nous vous conseillons de conserver une copie de vos justificatifs avant envoi de vos demandes de remboursement à l’ANFH. Par ailleurs, nous vous précisons qu’aucune avance de frais ne pourra être accordée pendant la durée de la formation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pour toute question concernant la prise en charge de votre dossier, merci de contacter :  Madame Achard - [s.achard@anfh.fr](mailto:s.achard@anfh.fr) ou 05.49.61.60.16.  Ou  Madame Doreau – [m.doreau@anfh.fr](mailto:m.doreau@anfh.fr) ou 05.49.61.60.10.  du lundi au vendredi entre 9h et 17h au | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**«#end»«#end»**