**FORMULAIRE F1**

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| Ce document complété doit être transmis à l’administration communale  **au plus tard trois mois après le jour des élections** |

Commune :

**ELECTIONS COMMUNALES DU 13 OCTOBRE 2024**

**DECLARATION DE CREANCE POUR LE REMBOURSEMENT DES FRAIS DE DEPLACEMENT**

**DES MEMBRES DES BUREAUX ELECTORAUX**

Dénomination du bureau électoral : Fonction exercée dans le bureau :

**Compléter ce formulaire en LETTRES CAPITALES**

NOM

Le(la) soussigné(e)

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déclare qu'il lui est dû le remboursement des frais de déplacement entre les communes suivantes :

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ET

DEPART DESTINATION ET RETOUR



Nombre de kilomètres parcourus : x 0,15 €/km = €

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Cette somme peut être versée sur mon compte bancaire n°

Certifié sincère et exact.

Signature du président : Signature de l'intéressé :

Fait à , le