# JUDO CLUB GUERANDAIS

**Nom :** _____ **Prénom :** _____

| FRAIS KILOMETRIQUE | | | | | |
|---|---|---|---|---|---|
| **Date** | **Motifs** | **Lieu** | **KM** | **Taux** | **Montant** |
| | | | | **0,308 €** | |
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| | | | | **Total remboursement** | |

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| **Date :**<br>**Le Bénéficiaire :** | **Date :**<br>**Le trésorier :** | **Date :**<br>**Le président :** |