To: Mr. Shigeaki Terada
President
Oriental Life Insurance Cultural Development Center

OLIS 2016 Autumn Support Request Form for Travel Expenses

I, on behalf of our Company/Organization	on, understand the purport set forth in the
Travel Expenses Support for Seminar P	articipants and request here to bear actual
travel expenses for	(Name of applicant) to attend
OLIS 2016 Autumn.	
Company/Organization:	
Country:	
Name of Principal Officer:	
Job Title:	
Signature:	Date:
Signer's Email:	@
Applicant's Job Responsibilities:	
-	
■ Estimated amount to purchase a roun	d trip ticket to Japan is
in USD/JPY/Other (P	lease circle one).
This is not intended to require that t	he actual amount paid to the ticket should
match the estimated amount at the til	me of reimbursement; however, in case of a
large difference in amounts, there is n	no quarantee of a full reimbursement

