

To: Mr. Tsukasa Yonekura
President
Oriental Life Insurance Cultural Development Center

OLIS 2024 Autumn
Support Request Form for Travel Expenses

I, on behalf of our Company/Organization, understand the purport set forth in the Travel Expenses Support for Seminar Participants and request here to bear full or partial travel expenses for _____ (Name of applicant) to attend OLIS 2024 Autumn.

Company/Organization: _____

Country: _____

Name of Principal Officer: _____

Job Title: _____

Signature: _____ Date: _____

Signer's Email: _____ @ _____

- Applicant's Job Responsibilities:

*You may skip this section if your resume includes the details of your current job responsibilities. In that case, just indicate to refer to your resume.

