

Committee Expense Claim Form

Name of claimant: _____

Date of claim: _____

Base / reason of claim: _____

Details of expenses:

| Date | Description | Receipt Enclosed | Amount claimed | Amount claimed |
|------|-------------|--------------------------|----------------|------------------|
| | | (please tick) | EUR | other currencies |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |

Mileage:

| Date | Description | Total km | Amount claimed (0,356 EUR/km) |
|------|-------------|----------|----------------------------------|
| | | | |

TOTAL claimed (EUR): _____

Account details of the claimant:

| | |
|------------------------------|---|
| <u>Account holder:</u> _____ | <u>Name of the bank:</u> _____ |
| <u>Account n°:</u> _____ | <u>IBAN:</u> _____ |
| <u>BIC/Swift code:</u> _____ | <small>Must be complete and precise !</small> |

Signature of claimant: _____

Please return your completed claim form, WITH any receipts, to:

Treasurer: Gabriela Knubben, Clinic for Ruminants, Sonnenstr. 16, 85764 Oberschleissheim, GERMANY

For the treasurer / Accounting office only!

Date: _____ Bank advice / Cheque number: _____ Signature: _____