

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:

Account holder: _____ Name of the bank: _____
Account n°: _____ IBAN: _____
Must be complete and precise !
BIC/Swift code: _____

Signature of claimant: _____

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

Treasurer: Rainer Martin, Clinic for Ruminants, Sonnenstr. 16, 85764 Oberschleissheim, GERMANY

For the treasurer / Accounting office only!

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