

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: _____