ECBHM

European College of Bovine Health Management

Committee Expense Claim Form

Name of claimant: _____

Date of claim: _____

Base / reason of claim: _____

Details of expenses:

Date	Description	Receipt Enclosed (please tick)	Amount claimed EUR	Amount claimed other currencies

Mileage:

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

TOTAL claimed (EUR): = Euro___

Account details of the claimant:

Account holder: _____

Account n°: _____ IBAN: _____

Must be complete and precise !

BIC/Swift code: _____

Name of bank: _____

Signature of claimant: _____

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

Treasurer ECBHM: treasurer@ecbhm.org

For the treasurer / Accounting office only!

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

Note: Expenses are only refunded when the sales-receipt is enclosed. Costs for coffeebreak or incidentals will not be refunded.