



Date:.....

Expenses claim

Name:

Name accountholder:

IBAN:

Phone number:

Description:

Amount of purchase (€):

Signature:

Warning: It's not possible to get your money back without a receipt. Attach the receipt to this form. The money will be reimbursed as soon as possible.

The part below will be filled in by the treasurer.

Entiteit: Vereniging/stichting

Verwerkingsdatum:

Bankrekening:

Afschriftnummer:

Specificatie: