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| --- |
| **Reimbursement of expenses** |

Please fill in the form completely and submit it with the corresponding receipts.

|  |  |
| --- | --- |
| **Meeting/Event and date** |       |

|  |
| --- |
| **Personal details** |

|  |  |
| --- | --- |
| **Family name** **First name**  |            |
| **Private address (corresponding to bank account)** |            |
| **Email** |       |

|  |
| --- |
| **Payment details** |

|  |  |
| --- | --- |
| **Name of the bank**  |       |
| **Address of the bank** |       |
| **BIC/SWIFT-Code or Clearing-No**  |       |
| **IBAN-No or account number**  |       |
| **Routing-Code** |       |

If the account holder is not identical with the invoice issuer:

|  |  |
| --- | --- |
| Family name, first name of account holder |       |
| Address of account holder |       |

|  |
| --- |
| **Overview of the expenses**  |

|  |  |
| --- | --- |
| **Details (travel costs from/to, overnight stay etc.)** | **Amount/Currency** |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total of expenses (currency)** |       |

**Date:       Signature:**

**Please enclose receipts!**