



## Reimbursement of (travel) expenses Maastricht University

### Personal details

Family name and initials: .....

Date of birth: .....

### Description of activities performed

	Date	Description

Description of (travel) expenses *Original receipts need to be attached to this sheet*

	Date	Description	Amount (€)
			Total(€)

I hereby declare that I have completed this form truthfully.	Date	Your Signature
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### To be filled out by the supervisor

Name supervisor ..... Signature .....

Department/Faculty .....

Budget number ..... Date .....

*InterUM will pay according to the payment schedule*