



## Reimbursement of 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 (in no.)	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, and rules set in the terms of labour.*