

Joint Institute for VLBI in Europe (JIVE)

Expense Claim Form (for JIVE employees only)

Reason for claim

Date: From To

Details of Claimant

Title Surname

Forenames

Bank Name

Bank Address

.....

.....

Account Name

Account Number *(If not complete, reimbursement can be delayed)*

Expenses

Travel Currency..... Currency Currency.....

Air Fares | | |

Taxi, Bus and Rail Fares | | |

- within the Netherlands /public transport | | |

- within the Netherlands / own car | | |

- outside the Netherlands | | |

Rental car | | |

Other | | |

Accommodation | | |

Meals | | |

Miscellaneous (Please specify) | | |

..... | | |

Currency Commission/costs | | |

Totals | | |

Equivalent (own currency) | | |

Advance payments (if any) | | |

**Please enclose copies of bills,
receipts, tickets etc.**

Total Claimed (own currency) | | |

I declare that the expenses claimed above are not being reimbursed from any other source

Signature Date

For JIVE office use

Approved: Postno.