**Travel expenses reimbursement form**

**Date :**

Last name :  
First name :  
Identification nr of National Register (on your ID card) :

ULB – Enrollment nr (matricule) :  
Bank account nr :  
Travel location (Country, City) :  
Date of travel : from to

Purpose of travel :

|  |  |  |
| --- | --- | --- |
| **STATEMENT OF EXPENSES** | **Cost in currency** | **€** |
| **Advance received** before departure |  |  |
|  |  |  |
| **Actual expenses :** |  |  |
|  |  |  |
| Flight from to |  |  |
| Flight from to |  |  |
| Transportation airport / hotel and return |  |  |
|  |  |  |
| Hotel bill |  |  |
| Stay expenses (number of nights x €) |  |  |
| Other |  |  |
|  |  |  |
|  |  |  |
| **Balance** |  | **€** |
|  |  |  |

Signature :

***When the balance is in our favour, please reimburse on ULB’s account nr : 210-0429400-33 with the following communication :  
- Internal account nr. :  
- Numéro de bon :***