**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 :***