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## ANNEX n° 1

## **Travel expenses reimbursement form**

	Date :
Last name :	
First name :	
Identification nr of National Register (on yo	ur ID card) :
ULB – Enrollment nr (matricule) :	
Bank account nr :	
Travel location (Country, City):	
Date of travel : from	to

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. :

Purpose of travel:

- Numéro de bon :