



Attach your receipt here

EXPENSE  
REIMBURSEMENT  
FORM

Turnvereniging Linea Recta  
Sportcentrum Drienerlo  
7500 AE Enschede  
Postbus 217

ABN/AMRO  
NL28 ABNA 0590 9633 41

bestuur@linearecta.utwente.nl

Undersigned has made the following expenses for Turnvereniging Linea Recta:

Type:

- Board: \_\_\_\_\_
- Committee: \_\_\_\_\_
- Travel: \_\_\_\_\_ km (€0,24/km)
- Other: \_\_\_\_\_

Total costs:

€ \_\_\_\_\_ , \_\_\_\_\_

Further specifications:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

IBAN: \_\_\_\_\_

Phone nr.: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Please include all payment receipts with the form. Purchases and expenses without proof, e.g. receipt or invoice, **will not be paid**. Bags, deposits and such are for one's own account. Only **one topic per form** is allowed. Please fill in an additional form for multiple reimbursement topics. The form must be submitted **within two weeks!**

DO NOT WRITE BELOW

Invoice number:

\_\_\_\_\_

Signature of treasurer: \_\_\_\_\_

Date paid: \_\_\_\_\_

\_\_\_\_\_