

**Finance**

**PO Box 616 | NL 6200 MD Maastricht**

|  |
| --- |
| **Claim form business trip expenses** |

**Personal details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name and initials |  | Personnel no | 700 NOT APPLICABLE |
| Address |  | BSN (social  security number) |  |
| Postal code and city |  | IBAN nr. |  |
| Country |  | Swift/BIC nr. |  |
| Sex |  | Name Account holder |  |
| Date of birth |  | Name Bank |  |
| Nationality |  | Address Bank |  |

**Travel expenses own transport:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Number of km/ Rate | Description/Destination/Reason for Travel | Amount (EUR) |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
|  | à € 0.19 |  | € |  |
| **Total** | | | **€** |  | **€** |

|  |
| --- |
| *Own addition*  IN CASE OF TRAVEL EXPENSES OWN TRANSPORT, PLEASE ADD A PRINT-OUT OR SCAN OF A ROUTEPLANNER.  PARKING COSTS CAN ONLY BE REIMBURSED WHEN PARKED AT AIRPORT OR TRAINSTATION FROM WHERE YOU TAKE PLANE OR TRAIN. OTHER PARKING COSTS CANNOT BE REIMBURSED (DUE TO TAX LAWS).  IN CASE OF CURRENCY, PLEASE ADD A PRINT-OUT OF THE CURRENCY EXCHANGE TO EURO OF THE DATE OF PURCHASE. Without this, the claim will not be accepted!  KEEP A COPY FOR YOURSELF AND SEND THE ORIGINAL FORM WITH THE ORIGINAL TICKETS, TAX, PAYMENT RECEIPTS AND BOARDINGPASSES WITHIN 2 WEEKS AFTER THE EVENT TO:  MAASTRICHT UNIVERSITY, ATTN: CHANTAL MEERTENS, FACULTY OF LAW, PO BOX 616, 6200 MD MAASTRICHT,  THE NETHERLANDS  OR VIA E-MAIL TO CHANTAL.MEERTENS@MAASTRICHTUNIVERSITY.NL |

**Travel expenses public transport (train, taxi, bus, airplane etc.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Description/Destination/Reason for Travel | Amount | Currency | Amount (EUR) |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
|  |  |  |  | € |  |
| **Total** | | | | **€** |  | **€** |

|  |  |
| --- | --- |
| **Subtotal, to next page** | **€** |

|  |  |
| --- | --- |
| **Subtotal carried forward from previous page** | **€** |

**Other cost:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Amount | Currency | Amount EUR) |  |
| **Conference expenses** | | | |  |
|  |  |  | € |  |
|  |  |  | € |  |
| **Subtotal** | | | € |  |
| **Hotel expenses** | | | |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
| **Subtotal** | | | € |  |
| **Accommodation expenses**  **(breakfast, lunch, dinner)** | | | |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
| **Subtotal** | | | € |  |
| **Other expenses** | | | |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
| **Subtotal** | | | **€** |  |
|  | | | |  |
| **Total** | | | € |  | € |

|  |  |  |  |
| --- | --- | --- | --- |
| **Advance/reimbursement received from third parties:** | **Minus** |  | € |
|  | | | | |
| **Total** | |  | **€** |

* **Expenses will be reimbursed on basis of real costs.**
* **To qualify for reimbursement of costs the original bills/invoices have to be added (no proof of payment) and converted to euro’s.**
* **Using public transport attach original ticket.**
* **Using own transport the provisions of the Commuting and Relocation Allowance Regulations are the standard.**
* **For the rules about declaring claims pertaining to business travel expenses you are referred to the Expense Claim Regulations.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I here by declare that I have completed this form truthfully. | Date |  | Signature |  |

**Agreed by the budgetholder/Mandated**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | CHANTAL MEERTENS (LEO) / DIANA SCHABREGS | Signature | |
| Budgetnumber | 554 100 001 95N  Speaker of event Oct 10, 2024 Workshop on Time and Constitutions | Faculty/Department | FdR |
| Permanent position | 50 | Date | October 2024 |