

Please return to:
PZ at the Institute
or
P&O NWO-I
PO Box 3021
3502 GA UTRECHT
The Netherlands

For further information, employees of institutes please contact your personnel officer.

Other employees can contact:

Ms. A. Bor

a.bor@nwo.nl

+31 30 600 12 37

Declaration date:

EXPENSE CLAIM FORM 1

Travel in the Netherlands: public transport and other expenses 2

NAME:		POS	POSTCODE & TOWN:																	
ADDRESS:			IBAN: N L														٦			
TELEPHONE NUMBER:			EMAIL ADDRESS:																	
NWO-I EMPLOYEE: Y	ES / NO																			
Date	Destination/Reason for the journey	(*)	Publi expe	ort travelling						Other expenses										
																			_	
Subt																				
														→						
(*) Enclose tickets and receipts			TOTA	TOTAL																
Applicant's signature:			Worl	k o	rde	r:														
Budget holder/auth	orised by																			
Name:	Signature:																			
	TO BE COMPLETED BY THE A	CCOUNT	S DEP	AR	TM	IEN	ΙT													
Description					Δ	۱m	ou	nt						Со	st c	ate	gor	У		
1																				

 $^{^{1}\,}$ Please use the separate form $\underline{^{\prime}\text{Claim form for travel by car}^{\prime}}$ to claim car expenses.

² For a business trip with the OV chip card, please add a printout of the journey made.