



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

Go to [NWO-I People](#) to submit this form digitally!

AVOM FORM (ADDITIONAL) COMMUTER ALLOWANCE: BICYCLE

Your AVOM application should preferably be submitted via NWO-I People

Please note! Employees of NIOZ and CWI use the AVOM forms that are available at their institute.

Name : _____
 Date of birth : _____
 Email address at work : _____
 Section of organization : _____

Object 3: Bicycle for commuter traffic

Expected purchase price bicycle: € _____

Resources:

- I wish to invest holiday hours to finance the bicycle **OR**
- I wish to invest a part of my holiday hours to finance the bicycle
 Number of holiday hours: _____ in the year: _____
 Number of holiday hours: _____ in the year: _____
 Number of holiday hours: _____ in the year: _____

I wish to invest an amount deducted from my gross salary from the year **** over:

- | | | | |
|----------------------------------|------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 12 months | <input type="checkbox"/> 1 month, in May | <input type="checkbox"/> 1 month, in December |
| | <input type="checkbox"/> 24 months | <input type="checkbox"/> 2 months, in May | <input type="checkbox"/> 2 months, in December |
| | <input type="checkbox"/> 36 months | <input type="checkbox"/> 3 months, in May | <input type="checkbox"/> 3 months, in December |

By signing this application form, I declare that

- I will use the bicycle to travel between home and work on more than half of the days on which I travel to work per year on the route below (must be filled in):
 Departure: _____ (address, postcode and town/city)
 Destination: _____ (address, postcode and town/city).
- I will inform the employer immediately of any changes in my situation regarding travel between home and work.
- I have read the information on the NWO-I website, concerning the possible consequences of my choice and that I consent to the conditions.
- I agree to alteration of my contract of employment in accordance with my choice as stated on this form.

Date : ____ - ____ - _____

Employee's signature : _____

Verwerking P&O / Salarisadministratie

Uurloon	: _____	Invoer P&O d.d. / paraaf	: _____
Registratienummer	: _____	Invoer P&O d.d. / paraaf	: _____
Aantal uren	: _____	Invoer P&O d.d. / paraaf	: _____
Fiets inhouden tot	: _____	Controle P&O d.d. / paraaf	: _____
Bedrag fiets	: _____	Invoer SA d.d. / paraaf	: _____
Bedrag voor eigen rekening	: _____	Controle SA d.d. / paraaf	: _____