



DHZB Akademie
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EXPENSE CLAIM FORM

DETAILS OF CLAIMANT:

Name			
Address			
City	Post Code	Country	
Email			

BANK DETAILS OF CLAIMANT

IBAN Number			
BIC/Swift	National clearing Code		
Bank Name in Full			
Bank Address in full			
	City	Post Code	Country

DETAILS OF EXPENSE

	Original currency	€	Receipt verified (office use only)
Train			
Taxi			
Car (€ .325 per mile)			
Other (please specify)			
TOTAL AMOUNT CLAIMED			

Signature..... Date.....

Important Notes for Claimants:

- 1: No claim will be processed without the original receipts for expenses.
- 2: Payments within Europe - no claim will be processed without:
 - IBAN (International Bank Account Number) and BIC/SWIFT Code, (Bank Identifier Code).
 - Payments outside of Europe – no claim will be processed without Account number and BIC/SWIFT
- 3: Claims must be made within 4 weeks after the event.
- 4: All claims will be settled in Euro (€) unless otherwise request.