



Reimbursement Form Fortuna Student Association

All receipts must be stapled to this form.

Name of declarant: _____

On behalf of which committee: _____

Proposed budget: _____

Amount of money to be declared: _____

Explanation of expenses (including date of event):

Date of declaration (DD/MM/YYYY): _____ / _____ / _____

IBAN: _____

Name bank account holder: _____

Address of declarer: _____

Phone number of declarer: _____

Signature: _____

To be filled in by the Treasurer:

Reimbursement date: _____ / _____ / _____ Signature: _____

Please note that Fortuna will only use the information provided above to process and evaluate your reimbursement request. The information provided by you will be stored securely by Fortuna, and will not be used for any other purposes than those necessary to process your request.