**Claim form for business trips**

Complete a separate form for each working week.

**Employee’s details**

|  |  |  |
| --- | --- | --- |
| Surname and initials: |  | |
| Date of birth: |  | |
| Position: |  | |
| Employed by: | Department: |  |
|  | Supervisor: |  |
|  | Budget number: |  |
| Week the claim relates to: |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business trip | Route, outward and return journey | | | Transport costs |
| 1 |  | | |  |
| 2 |  | | |  |
| 3 |  | | |  |
| 4 |  | | |  |
| 5 |  | | |  |
| 6 |  | | |  |
| 7 |  | | |  |
| 8 |  | | |  |
|  |  | | |  |
|  | Total costs incurred | | |  |
|  | | |  | |
| Purpose of the business trip | | |
| 1 |  | | | |
| 2 |  | | | |
| 3 |  | | | |
| 4 |  | | | |
| 5 |  | | | |
| 6 |  | | | |
| 7 |  | | | |
| 8 |  | | | |
|  |  | | | |
| Completed truthfully  in Rotterdam, on (date) | | Claim seen and approved  (name and signature of the person approving the claim) | | Date of processing by EUR*flex*  Signature EUR*flex* for  payment: |
| (Signature of the flexiworker) | |

**Notes**

1. Only fully completed and signed forms will be accepted for processing.
2. The costs incurred can only be reimbursed if this form is accompanied by the original tickets, receipts or invoices.

Please, hand in this form to EUR*flex*, Mandeville Building, Room 11-08 or email it to [EURflex@eur.nl](mailto:EURflex@eur.nl).