**Please attach your receipts on the backside of this reimbursement form. The receipts have to be numbered and state the sum of your expenses.**

**In case of meeting costs (e.g. fika, lunch etc.), attach a list of the meeting/activity attendees.**

Send the form to Lunds Doktorandkår (Hämtställe 31 or leave it in our postbox at AF-Borgen 3rd floor).

Your name:………………………………………………………………………………………

Clearing- and bank account number:……………- ……………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Money has been used for | Amount of expense | Council/organ/project |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| Sum |  |  |  |

Signature:………………………………………………………………………………………..

Signature clarification:……………………………………………………………………….

Attestation by authorized signatory:…………………………………………………………...

(Attested by a presidium member or doctoral student ombudsman)