

**Human Resources Management**

**PO Box 616 | NL 6200 MD Maastricht**

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| **Job applicant travel expenses claim form**  |

|  |  |
| --- | --- |
| Name and initial(s) |       |
|  |  |
| Date of birth |       | CSN |       |
|  |  |
| Address |       |
|  |  |  |  |
| Postcode |       | City |       |
|  |  |  |  |
| Country |       |
|  |  |  |  |
| Phone number |       | Email address |       |
|  |  |  |  |
| IBAN code\* |       | BIC code \* |       |
|  |  |  |  |
| Vacancy number and position  |       |
|  |  |  |  |
| Department/Unit |       |

|  |
| --- |
| **The undersigned declares that s/he incurred the following application-related expenses.** |
|  |  |  |  |  |  |  |  |
| **[ ]  Distance up to 300 km\*\*** | [ ]  **Distance exceeding 300 km\*\*\*** |
|  |  |  |  |  |  |  |  |
| Number of km per visit  (€ 0.21 per km) | €      |  |  | Travel expenses |  | €       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Additional expense (please specify) |  | €       |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | €       |  |
|  |  |  |  |  |  |  |  |
| Number of visits |  |        **x** |  | Number of visits |  |       |  |
|  |  |  |  |  |  |  |  |
| **Total** |  |  €       |  | **Total** |  | €       |  |
|  |  |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The applicant hereby declares that the information above is true and complete  | Date  |       | Signature |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Budget code/Order number |  |       |  |
|  |  |  |  |
| Name |  |       |  |
|  |  |  |  |
| Date |  |       |  |
|  |  |  |  |
| Signature of the selection committee chair |  |       |  |
|  |  |  |  |

\* IBAN and BIC-code **are obliged**

\*\* For single-journey distances less than 300km, the allowance per kilometre is € 0.21.

\*\*\* For single-journey distances exceeding 300km, please specify your expenses and attach original receipts/evidence.