

**Human Resources Management**

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

|  |
| --- |
| **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.