Reimbursement Form

Lumos Student Organization

Association of students working in the field of technology
Schottenfeldgasse 1/22, 1070 Vienna

APPLICANT

Name, Surname _____

Address _____

Date of Birth _____ IBAN _____

The undersigned, (Name, Surname), born on (Date of Birth), hereby requests the refund of the following payments made for the Lumos Student Organization within the next 14 working days to the bank account given above.

DESCRIPTION	COSTS (IN EUR) *

TOTAL

* Reimbursements will only be made subject to the presentation of a valid expense certificate (e.g. invoice).

Date

_____

Signed by the applicant
full name, signature, and date

_____

Approved by the board
full name, signature, and date

_____