**Application for Expense Reimbursement**

**※빨간색 항목은 반드시 기입되어야 합니다.**

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| Name: **홍 길 동** Affiliation and position: **소속 (학교, 직장), 직책 (소속 지역회가 아님)**Event or Reason for reimbursement: **4지역 Stammtisch** |
|  |

**1. Item**

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Item | Receipt Issuer | Cost\* (EUR)= A | Other funding\*\* (EUR)= B | Requested (EUR)= A - B | Receipt Number |
| **2020-12-28** | **구매한 품목** |  **영수증 발행한 곳** | **실제발생금액** | **개인부담액** | **청구할금액** |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Sum |  |  | **실제발생금액** | **개인부담액** | **청구할금액** |  |

\* All costs should be indicated by EUR. In case of different currency, basic exchange rate on/around the date of receipts can be applied.

\*\* Please indicate other funding sources that partly or fully cover the cost, e.g. support from affiliated institute or member association.

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| --- | --- | --- | --- |
| Name of account owner | **예 금 주** | Total amount (EUR) | **청구할 금액** |
| Bank Name | **은 행 명** | Bank code/BIC | **반드시 기입** |
| IBAN | **은행 IBAN 코드 반드시 재확인할 것!** |

**2. Account information**

I hereby apply for the expenses listed above accompanied by the receipts. I understand that total amounts to be transferred can be adjusted in accordance with the guideline of the organising committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **날짜 반드시 기입**\_\_\_\_\_\_\_\_\_\_\_ **수기서명 반드시 기입**\_\_

 Date Signature

Postal address: VeKNI e.V., Konrad-Zuse-Straße 10, 44801 Bochum, Germany