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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPENSE REPORT** | | | | | | | |
| *You MUST attach receipts for all expenses other than kilometers traveled* | | | | | | | |
| **Applicant** | | | | **Period:** | | | |
| Name and Surname: | | | |  | | | |
| Address: | | | |
| Position: | | | |
| Vehicle (tax power / registration / cost kms): | | | 0.60 € |
| **Fee date** | **Description of costs incurred** | **Meals** | **Other fees** | **TRANSPORT** | | | **TOTAL LINE** |
| **Nb km  traveled** | **Cost km** | **Amount Km** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  | **TOTAL COLUMNS:** | **0.00 €** | **0.00 €** | **0.00** |  | **0.00 €** | **0.00 €** |
| **Signature of applicant:** | | **Signature of the person in charge:** | | | **Accounting audit:** | | |
| Last name:  First name: | | Last name:  First name: | | | Last name:  First name: | | |
| Date: | | Date: | | | Date: | | |
| **Company details to be completed** | | | | | | | |