

Name: _____
Address: _____
E-Mail: _____



To:
Hochschule Magdeburg-Stendal
German Jordanian University, Project Office
Yvonne Obst / Tony Kranz
Breitscheidstraße 51 in 39114 Magdeburg



Date _____

Reimbursement form

Herewith I'm asking for reimbursement of my expenses.

event: _____
time period: _____

Please find **attached the original receipts** with explanations accordingly listed below.

Date	Expenses/Description	Amount in Euro
TOTAL		

Please find my bank details in the attached form.

Many thanks and kind regards

Date/Signature

Currency converter: https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-infoeuro_de

Only a fully completed and signed document can be accepted!



Bank Declaration Form

I am aware that I am responsible for all tax and/or social insurance obligations.

According to the German Reporting Regulations, the university is obliged to report the payments made to the tax authorities. I request payment to my account:

name		
address		
Date of birth		
Tax-ID (eleven digits)		
Tax office		
Name of the bank		
IBAN		
BIC/Swiftcode		
Adresse of the bank (only for non-SEPA-bank accounts)		
(All information is mandatory)		

place/date/signature

Please sign the document digitally and block the filler fields. Alternatively, you can print, sign and scan the completed document.

Only a fully completed and signed document can be accepted!