

# CHECK REQUEST

(Only for members of UCL)

Document to be transmitted to ADFI or to CLC with a payment sticker

## Information concerning the person making the request (capital letters please)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Name, First name : PHAM, Hoang Son   |  |  |  |  |  |
| Home address : Route du LongChamp 34, 1348 Louvain La Neuve                      |  |  |  |  |  |
| <b>Bank account to which the payment is to be made :</b> PHAM Hoang Son          |  |  |  |  |  |
| IBAN : BE94 3770 9403 9214   |  |  |  |  |  |
| SWIFT/BIC : BBRUBEBB   |  |  |  |  |  |
| <b>Account holder and address if different from person making this request :</b> |  |  |  |  |  |

| Sales receipt #   | Reason for and details of the request  | Currency | Exchange rate | Amount in local currency | Amount EUR   |
|---|--|----------|---------------|--------------------------|--------------|
| 1   | Meeting at VUB on 12/10/2018, train from LLN to VUB (Pleinlaan 2, 1050 Brussel)                |          |               |                          | 5.50         |
| 2   | Meeting at VUB on 17/10/2018, train from LLN to VUB (Pleinlaan 2, 1050 Brussel)                |          |               |                          | 11.00        |
| 3   | Meeting at VUB on 31/10/2018, train from LLN to VUB (Pleinlaan 2, 1050 Brussel)                |          |               |                          | 11.00        |
| 4   | Meeting at VUB on 09/01/2019, train from LLN to VUB (Pleinlaan 2, 1050 Brussel)                |          |               |                          | 11.00        |
| 5   | Meeting at VUB on 11/01/2019, train from LLN to RainCode (Rue de la Caserne 45, 1000 Burussel) |          |               |                          | 11.00        |
|   |  |          |               |                          |              |
| If necessary, use attachments or several forms. State the number of attachments. <input type="text"/> |  |          |               |                          | <b>TOTAL</b> |
|   |  |          |               |                          | 49.50        |

## Person making the request

I attest that these expenses have not been the object of another refund nor part of a lump sum.

Date and signature

## Supervisor (or another account holder)

Name and First name

Date and signature

| Summary   | Quantity | Unit | Lump sum (EUR) | Total (EUR) |
|---|----------|------|----------------|-------------|
| Stay (Per Diem) - forbidden unless required by funding source |          | Days | 0.3573         |             |
| Travel with private transport                                 |          | Kms  |                |             |
| Sum of sales receipts   |          |      |                |             |
| <b>TOTAL</b>  |          |      |                |             |

|                                       |                      |                      |                      |
|---------------------------------------|----------------------|----------------------|----------------------|
| <b>Compte</b> EN MAJUSCULES LISIBLES  |                      | <b>Elément OTP</b>   |                      |
| <input type="text"/>                  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>Devise</b><br>€                    | <b>Montant</b>       | <b>Date</b><br>/ /   | <b>Tél</b>           |
| <b>Signature titulaire ou délégué</b> |                      | <b>Nom</b>           |                      |

To be completed only if a sum has been advanced

|                           |                      |
|---------------------------|----------------------|
| Amount advanced           | <input type="text"/> |
| Internal account          | <input type="text"/> |
| -----                     |                      |
| <b>Balance to be paid</b> | <input type="text"/> |

Be careful not to overload this document