

TUTOR OFFICE REIMBURSEMENT FORM

For all guidelines, please refer to Article 9 of the Study Trip Regulations

First name:

Last name:

Course:

Study trip destination:

Date of the designated free meal	Type of meal breakfast, lunch, or dinner	Amount as shown on the fiscal receipt	How many people are you claiming money for? Indicate '1' for yourself only. For more, specify the number and provide the surnames of others involved in the payment

Leave this space free for
the Tutor Office's use

Total amount from receipts:

**Reimbursement
Amount**

Date:

Signature: