

# REIMBURSEMENT FORM

BBIS  
PARENT TEACHER  
ASSOCIATION

## PTA

Name: \_\_\_\_\_

Description	Amount	Cost Unit
<b>Total:</b>		
Exchange rate if not in €		

\_\_\_\_\_  
Date, Signature

### Payment:

#### Bank Transfer

Account number: \_\_\_\_\_

Bank sort code: \_\_\_\_\_

Name of bank: \_\_\_\_\_

#### Cash

Received on: \_\_\_\_\_

Signature: \_\_\_\_\_

Unchanged/same account as for last reimbursement