

Submitted on:

First name student:

Last name student:

Student number:

- ☐ Student Odisee
- ☐ Student KU Leuven
- ☐ Student other college or university:

Activity details

Name activity:

Date: Location:

Number of participants: + (Attach photos as proof in appendix)

Feedback: What went well/poorly? Were there any problems? Do you have feedback for us?

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Activity Reimbursement

Amount: € + (Attach proof of payment & invoice/receipt in appendix!)

Choose and complete:

- ☐ This amount may be reimbursed to my personal bank account.
- My first name:
- My last name:
- My IBAN account number: BE.....
- Adress of this IBAN account:
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- ☐ This amount may be reimbursed to the account of the recognized student club or association.
- Name association:
- IBAN account of the association: BE.....

TO BE COMPLETED BY STUVO:

Decision on financial support by STUVO	Date:
Total: €	
Kostenplaats:	
Motivation if decision is negative:	
Name + signature STUVO staff member:	