

Humboldt-Universität zu Berlin | Unter den Linden 6 | 10099 Berlin

**Exzellenzcluster Matters of Activity**

Sophienstr. 22a

10178 Berlin

**Request for reimbursement**

(Appendix to the payment order)

I hereby request a refund of the amount paid by me in accordance with the enclosed receipt(s) / invoice(s) + bank transfer receipt in the amount of:

EUR

Surname, first name:

Private address:

IBAN/Bank account  
no./routing no.:

BIC/SWIFT:

Name of bank:

Address of Bank:

Type of expense/  
Reason for payment:

Funding/project no.:

Date:

It is hereby confirmed that the expenditure was necessary and that the principles of economy were observed.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Factually correct