



AnArchi 2023 – 2024

14th board
Claim form

Commission/Activity:
Name:
Phone number:
Email:

Date	Description	Amount
Sum:		

Bank account information:
IBAN:.....
Name:
Bank:
City:

The declaring party has filled in this form truthfully;

Name: Signature 14th board of AnArchi:
Signature:

The following fields will be filled in by the treasurer of AnArchi:

Name:
Paid on: ... / ... / (dd/mm/yyyy)
Cashbook number:
Signature: