

Debit number:
(to be completed by treasurer)

ELTAB-B EXPENSES FORM

Please complete this form and send it to ELTAB-B Treasurer: Gillian Weyandt,
Bergstr. 57, 15711 Königs Wusterhausen. gillianweyandt@gmx.de

To: ELTAB-B Treasurer
From:

Please credit me with € for the following expenses:
.....
.....

I would like the amount
 in cash
 credited to my bank account:

Bank name:
Account number:
BLZ:

I have attached a receipt.

Signed:
Date:

Countersigned: (ELTAB-B board member)
Countersigned: (ELTAB-B Treasurer)