

Herewith I request the reimbursement of the following fees:

Contribution to health insurance _____ €
(*scholarship holders, 171 €/semester)

Travel costs for IW
Summer term _____, or Winter term _____. _____ €

Travel costs for PSS
Summer term _____, or Winter term _____. _____ €

Language courses (only those required for AMASE)
Summer term _____, or Winter term _____. _____ €

Total amount: _____ €



EUSMAT
European School of Materials

Prof. Dr.-Ing. Fank Mücklich
Chairman

Dr. – Ing. Flavio Soldera
General Manager

European School of Materials
Saarland University
Campus D3.3

66123 Saarbrücken
Germany

Name and address

Account owner

Name of bank:

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.....
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.....

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IBAN:
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BIC / SWIFT:

.....

Signature
(Student): ✕ _____

Please bring or send the reimbursement form and the receipts to the EUSMAT Office, without a proof of payment a reimbursement is not possible.

+++++!! Please, do not fill in the following !!+++++

Dem obigen Antrag kann (teilweise) stattgegeben werden. Die Universitätskasse wird angewiesen aus dem Fonds _____ des Betrags von _____ € auf das vorgenannte Konto zu überweisen. Sachlich richtig und festgestellt

Saarbrücken, den

✕ _____

Sachbearbeiter

Überweisung veranlasst am

✕ _____

C. Theis