

Herewith I request the reimbursement of the following fees:

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

Travel costs for IW / PSS (self-financing students)  
Summer term \_\_\_\_\_, or Winter term \_\_\_\_\_. \_\_\_\_\_ €

Semester fee at UdS (scholarship holders)  
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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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