

**Ceremonies office**

**PO Box 616 | NL 6200 MD Maastricht**

|  |
| --- |
| **Allowance PhD ceremony** |

**Personal details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name and initials |  | Personnel no. | 700 |
| Address |  | social security number (BSN) |  | |
| Postal code and city |  | IBAN no. |  | |
| Country |  | BIC no. |  | |
| Sex |  | Name Bank |  | |
| Date of birth |  | Address Bank |  | |
| Nationality |  |  |  | |
| Date PhD ceremony |  | Ceremony Faculty/School |  | |
| Subject dissertation |  | E-mail address |  | |

**Information on dissertation:**

|  |  |  |
| --- | --- | --- |
| Number of printed versions dissertation |  | |
| Number of versions dissertation taken by UM | 6 |
| Total amount of printed pages per dissertation |  | |
| Compensation 6 copies UM (max. 0,36 per page) |  | |

**Cost incurred:**

|  |  |  |  |
| --- | --- | --- | --- |
| Printing costs dissertation |  | | |
| Costs reception (maximum € 750,-) |  | | |
| Total (original invoices must be enclosed) |  |  | |
|  | | | |
| Received third party compensation in costs mentioned above. | Yes | | No |
| If yes, received compensation amounts to |  | | |

|  |
| --- |
| *Own addition* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I here by declare that I have completed this form truthfully | Date |  | Signature |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreed by the budgetholder/Mandated** | | | |
| Name |  | Signature | |
| Budget number |  | Faculty/Department |  |
|  |  | Date |  |