

**Ceremonies office**

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

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| **Allowance PhD ceremony** |

**Personal details:**

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| --- | --- | --- | --- |
| 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 |       |

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| *Own addition*      |

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

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