E.E.E.H.V. Cabezota
Postbus 217
7500 AE Enschede

DECLARATION FORM

Date: _____

Name: _____

Address: _____

Place of living: _____

Bank/ number.: _____

Date	Description	Price	Amount	Total
Total costs				

Signature: _____

- Attach (a copy of) the approval of payment to this declaration.
- Please hand in before the first of September or the current financial year to the treasurer.

The following has to be filled in by the treasurer

Received at: _____

Processed at: _____

In compliant to nr. _____