**Application for reimbursement of expenses incurred in setting up an association**

**Association information**

| Name of the Association | Contact person:: |
| --- | --- |
| Email address: | Telephone number of the contact person: |
| Bank and account number (IBAN): |  |

| We seek reimbursement of expenses:We send invoices directly to LTKY:  |
| --- |

| Date of the receipt: | Explanation: | Amount € |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

 Total: 

Attach receipts to your application

**Attached at**:

| Place and time | Signature |
| --- | --- |