­

**DECLARATIE**

NAAM: ………………………………………………………………………

ADRES: ………………………………………………………………………

POSTCODE: ………………………………………………………………………

WOONPLAATS: ………………………………………………………………………
IBAN NUMMER: NL…(BANK)……………………………………………………

TER NAME VAN: ………………………………………………………………………

BSN: ………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| **Datum** | **Omschrijving** | **Bedrag** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Totaal te declareren €***:

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_ Handtekening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judith Vrielink

Zutphenseweg 97

7241 SB Lochem

IBAN: NL48 INGB 0002 2078 46

penningmeester@samenbevallen.nl