Declaration form

Dosign
the connecting element

Week number		**Date**		up to	Year

Personnel number		Name client	
Name declarant		Contact person	
Address		Address	
City		City	

Date	Description	Amount in €
	Total	

We kindly ask you to provide the declaration with ***original*** payment receipt.
Should you wish to reimburse a gross amount, this will be charged to you including employer's costs.

Name declarant		**Name client**	
		Contact person	
Date		**Date**	
Signature		**Signature**	

You can send this declaration to the administration of Dosign or e-mail to timesheet@dosign.nl
Address administration: Postbus 90 - 2900 AB Capelle a/d Ijssel - Ph: 0107897807 - Fax: 0107897802