



CLAIM FOR REIMBURSEMENT OF TRAVEL COSTS

Project Leader/User group:		Project/Experiment-No.:	
Beamline/Instrument:		other:	
Beam time scheduled (date/time): from:		until:	
Name of applicant:		Personal data:	
Institution/Company: Legal status of home institution ¹ :		Gender (F or M): <input type="checkbox"/> Year of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nationality: <input type="text"/>	
Department:		New User (Y or N) ² : <input type="checkbox"/> Research Status ³ : <input type="text"/>	
Street/PO. Box: Post Code: Town: Country:		Scientific Background ⁴ : <input type="text"/>	
Phone:		Private address	
E-mail:		Street:	
BANK: Name, address		Post Code: Town: Country:	
		Account No./IBAN BLZ/SWIFT/BIC*	

* Please note that for money transfers to EU member states the International Bank Account Number IBAN and the Bank Identifier Code BIC are mandatory!

JOURNEY (route):		Business at HZB facilities:	
Departure from home:	Date: time:	from (date/time):	/
Arrival in Berlin:	Date: time:	until (date/time):	/
Departure from Berlin:	Date: time:		
Arrival at home:	Date: time:		

Please attach the original receipts!

MEANS of transport

Train € Plane € private car km
 other € Taxi (please state the reason why)

other TRAVEL COSTS

accommodation in guesthouse (guest house bill will be deducted from subsistence)

I declare that I don't receive any refund of travel costs and/or subsistence from other sources.
 From other sources I received the following refund:

I declare that the above information is accurate

.....
Date Signature

Reserved for BENSC/BESSY II

EU Kst: Payment authorised for days
Number of visits in the present year:

BENSC Kst.: Remarks.....
 BESSY II Kst.:
 Kst.:

.....
Date Signature