

## **Travel Reimbursement Form** (for scholarship holders)

## Personal data

	Last name:		First name:		
	Chair/Institute (of advisor):				
	CDSB-Program: ☐ Accounting ☐ Finance ☐ IS ☐ Management ☐ Marketing ☐ OPM ☐ Taxation				
	CDSE-Program:				
	CDSS-Program: ☐ Political Science ☐ Psychology ☐ Sociology				
2.	Occasion (please en	close copies of program, i	nvitation/registration etc	.)	
	☐ Research stay	☐ Conference pre		·	
	Country:	City/University:			
	Start:	End:	Dura	Duration of stay (days):	
	Research / Conference topic:				
	Title of presentation (if applicable):				
	Organizer:				
	Permission from (please attach):				
	Cost type	Foreign currency:	Exchange rate in EUR: .  Amount (EUR)	Foreign currency	
	Travel expenses *	□ Plane	Amount (LON)	Totalgit currency	
		☐ Train			
		□ Car – km:			
	Accommodation	Number of nights:			
	Registration fee	<del>-</del>			
	Total:				
			<u> </u>		
4.	Bank Account				
	Name and place/city of bank:				
	Account holder:				
	IBAN:				
	BIC:				
he	reby affirm the correctness	of the information stated above.			
City	y, Date)		(Signature)		
nstri	uctions:				

- The form is to be filed within 6 weeks once you have completed your trip. It is a prerequisite for the disbursement of the approved financial support.
- Please convert amounts in a foreign currency into EUR. Please also indicate the amount in the foreign currency in the respective column.
- All expenses must be verified by original receipts.
- In case of hotel bills only the rate for the room and breakfast will be reimbursed, no additional expenses for the use of phone, internetetc.
- Taxi fares will not be reimbursed.
- Please attach explanations to specific points on a separate sheet of paper.