

Travel Claim Form

Please Note:

Payment cannot be made without ORIGINAL receipts or tickets.

Applicant/Bank Account Holder:

First Name: _____ Family Name: _____
Address with bank: _____
City/State Code/Postal Code: _____
Country: _____ Email: _____

Bank Details:

IBAN (Intern. Bank Acc. Nr): _____
Bank Clearing/Routing Nr: _____
Bank Name and Address: _____
Bank City/State Code/Postal Code: _____
Country: _____ Desired Currency: _____

Meeting:

Name: _____
Place: _____ Dates: _____

Write this letter in pencil on the corresponding receipt. Do not stick or staple the receipts onto paper or this form.

	Expense (explain what):	Amount:	Currency:
a			
b			
c			
d			
e			
f			
g			
h			
i			

Per diem: ONLY if you have been awarded money for food, please fill in the dates and mark an X for the meals you would like to claim. Please do not claim for meals eaten at home or on the airplane on your travel days, or meals paid for at the meeting.

Date	Breakfast	Lunch	Dinner

Do not send food or drink receipts. The per diem rate is set by the Swiss National Science Foundation.

Date: _____ Signature: _____