Department of Chemistry - AURUS Travel Reimbursement

Please fill in this form and hand in with relevant documents

Name: ________________________________ Purpose: ________________________________

Unit No.: ________ Project No. : __________ Activity (if applicable): __________

Claim – Tick off relevant:
Travel claim ☐  Travel claim EU proj. ☐   Expense claim ☐   Advance ☐

Subject: ______________________________________________________________________
Explanation: _____________________________________________________________________

Country ______________________ City ______________________

Date of departure: _________________ Time of departure: _________________
Date of return: _________________ Time of return: _________________

Private car /Kilometers: _______________ From/to: ___________________
Private share of travel from/to: ______________________________________________________________________

Per diem/allowance: Yes ☐    No ☐

Free meals – State individual dates for free meals (if applicable):
Breakfast: ______________________________________________________________________
Lunch: ______________________________________________________________________
Dinner: ______________________________________________________________________

Arrangements - Please write name/affiliation of guests/participants on receipt (or here):
____________________________________________________________________________________
____________________________________________________________________________________

Expenses: Hand in tickets/bills with this form or scan in single PDF and mail to chem@au.dk
Mark bills with “MC” if paid by AU MasterCard, and “PRIV” if paid by own card/in cash.

Comments: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for helping us!

Find this form at: www.chem.au.dk/selvbetjening/skemaer