**Department of Chemistry - REJSUD Travel Reimbursement**

Please fill in this form and hand in with relevant documents

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project No. :** \_\_\_\_\_\_\_\_\_\_\_\_ **Activity No.:** \_\_\_\_\_\_\_\_\_\_\_\_ **EU project: Yes 🞎 No 🞎**

🞏 Travel claim Denmark City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Travel claim other country Country/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Expense claim only

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**Departure:** Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Return:** Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_

Private share of travel: Date and Time from/to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 🞏 Driving claim Private Car NB! Write your license plate here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kilometers: \_\_\_\_\_\_\_\_\_\_\_\_\_ From/to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Kilometers: \_\_\_\_\_\_\_\_\_\_\_\_\_ From/to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Kilometers: \_\_\_\_\_\_\_\_\_\_\_\_\_ From/to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Per diem/allowance:** Yes 🞏 No 🞏

**Free meals** – State individual dates and tick off free meals:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Breakfast**  | **Lunch** | **Dinner** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Expenses:** Hand in tickets/bills with this form or scan to PDFs and mail to chem@au.dk

Mark bills with **“MC”** if paid by AU MasterCard, and **“PRIV”** if paid by own card/in cash.

**If more people participated at restaurant/event:** Please write name/affiliation of guests/participants on receipt (or here):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Thank you for helping us help you!**