Department of Chemistry - REJSUD Travel Reimbursement

Please fill in this form and hand in with relevant documents

Name:		Supervisor (if applicable):				
Explanation:						
Project No. : Ad		ctivity No.:	EU p	oroject:	Yes □	No □
☐ Travel claim Denmark ☐ Travel claim other country ☐ Expense claim only						
Departure: Date an Private share of tra						
☐ Driving claim Private Car			your license plat			
Kilometers:						
Kilometers: Kilometers:		From/to: _				
Free meals – State					Τ	
Date	Breakt	fast	Lunch		Dinner	
						_
Expenses: Hand in Mark bills with "M					· · · · · · · · · · · · · · · · · · ·	
If more people par	rticinated at	restaurant/ev	vent· Please writ	e name	/affiliatio	n of
guests/participants	-		Circi i icase Will	e name/	armatic	01
	·	,				