

Christa Stehling Travel Grant
Reimbursement Form

Grant Recipient: Full Name	Email
Banking Details: IBAN	Credit Institution/Bank

Travel Purpose: Title and date/period of Course or Training Programme
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Expenses	Receipt (Yes/No)	Amount in local currency	Third-party contribution*	Net amount in local currency	Net amount in € (to be reimbursed)
Economy airfare					
Visa fees					
Accommodation costs					
Participation fees					
Total					

*) **Third-party contribution:** In case you receive for this travel any additional funding from a third party e.g. your employer or other grants, please specify point-by-point.

I hereby assure the accuracy of the above statements.

Place

Date

Signature of the recipient

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Please complete and hand in or submit to vdf@bnitm.de

BNITM Controlling and Accounting

Verified

.....
Name Date Signature

Controlled

.....
Name Date Signature

Transferred

.....
Name Date Signature