



Form for travel claim and other expenses

Name:.....

E-mail:.....

Complete home address:.....

.....

Purpose of travel:.....

I would like the following amounts reimbursed:

description	currency	amount

Bank details:

Account number:.....

Bank name:.....

BLZ (in case of German bank).....

IBAN:.....

BIC/SWIFT:.....

I declare that the expenses claimed above are not being reimbursed from any other sources.

Date:

Signature:

- Please include **proof of payment** for amounts paid with EC or credit card (Kontoauszug/bankstatement) and **original tickets!**
- **Please send to EES:**

**LMU Biozentrum
Katrín Kümpfbeck
Großhaderner Str. 2
82152 Planegg-Martinsried
Germany**