

TRAVEL EXPENSES FORM

Instructions :

Please fill out this form using capital letters.

Attach **Original** tickets, receipts and/or invoices

Send by post to the below address as soon as you have returned from your visit/conference...

Full name _____

Private address _____

Post code and City _____

Country _____

Faculty/University _____

Full address _____

Country _____

Email address _____

Date of birth (dd.mm.yy) _____ CPR # (Residents in Denmark) _____

Name of Bank _____

Bank address _____

Name of account holder _____

Bank account IN EUROPE SWIFT/BIC _____ IBAN: _____

OR

Bank account OUTSIDE EUROPE SWIFT/BIC/ABA _____ Sorting/Routing code: _____

Account number: _____

Travelling from _____

Travelling to _____

Date and time of departure _____

Date and time of return _____

Purpose of trip _____

how many meals did you not pay for yourself _____

Expenses	amount	currency	
Flight	_____	_____	
taxi:	_____	_____	
train/buses:	_____	_____	
hotel:	_____	_____	
other expenses:	_____	_____	<i>please specify</i> _____
other expenses:	_____	_____	<i>please specify</i> _____

_____ date

_____ signature

Please send to:

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 tel: + 45 35 32 59 91
 email: dark_admin@dark-cosmology.dk