dubble claim form for costs of travel/subsistence

Researchers affiliated to Flemish Universities or knowledge institutes who used beam time at DUBBLE can claim full/partial reimbursement of the associated costs of travel and subsistence. Please consult the **DUBBLE TRAVEL/SUBSISTENCE COST CLAIMS: GENERAL GUIDELINES** for details on the acceptance of claims.

For claiming travel / subsistence costs the **DUBBLE CLAIM FORM FOR TRAVEL / SUBSISTENCE** must be returned within 3 months of the completion of the experiment to Prof. Bart Goderis together with **PROOFS OF EXPENSES** (originals or copies of tickets and invoices) and hard copies of the **DUBBLE EXPERIMENT REPORT** and the **ESRF EXPERIMENT REPORT** by regular mail to the following address:

**Prof. Bart Goderis**

**KU Leuven**

**Chemistry Department**

**Celestijnenlaan 200F, bus 2404**

**B3001 Heverlee**

**Belgium**

For information please contact Bart Goderis, tel.: +32-16-327806, e-mail: bart.goderis@kuleuven.be

Does this cost claim relate to (please indicate with a cross in the second column):

|  |  |  |
| --- | --- | --- |
| Experiments at DUBBLE |  | only fill out section 1 |
| Experiments at ESRF public beam lines |  | fill out section 1 and section 2 |

Section1

**Main proposer of experiment** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation (University) of the main proposer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beam line used:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beam time number**: \_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_(for DUBBLE 26-01-xx or 26-02-xx, 14-01-xx or 14-02-xx)

**Experiment dates**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons who participated in the experiment**:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please divide the claimed costs according to the following categories:

|  |  |
| --- | --- |
| Travel costs | \_\_\_\_\_\_\_\_\_\_\_\_\_Euro |
| Hotel costs | \_\_\_\_\_\_\_\_\_\_\_\_\_Euro |
| Meals and drinks | \_\_\_\_\_\_\_\_\_\_\_\_\_Euro |
| Other expenses | \_\_\_\_\_\_\_\_\_\_\_\_\_Euro |
| Total costs | \_\_\_\_\_\_\_\_\_\_\_\_\_Euro |

Please justify the **other expenses** in the box below, when relevant:

Does this experiment concern (please indicate with a cross in the second column):

|  |  |
| --- | --- |
| a reimbursement of personnel costs on a private bank account |  |
| a reimbursement based on an invoice addressed to FWO |  |

**Payment details (only for a reimbursement of personnel costs on a private bank account):**

Pay to account no. (IBAN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank swift code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by Prof. B. Goderis**

|  |  |
| --- | --- |
| date | Signature |

Section 2

Please justify why the claimed costs are eligible for reimbursement in the box below. Consult the **DUBBLE TRAVEL/SUBSISTENCE COST CLAIMS: GENERAL GUIDELINES** for details on the acceptance of claims: