

BiRC

Aarhus University
C.F. Møllers Allé 8, Bldg. 1110
DK-8000 Aarhus C

SUPPLEMENT TO TRAVEL STATEMENT

FILL IN, SIGN AND RETURN THIS FORM TO ELLEN TOGETHER WITH ALL YOUR TRAVEL RECEIPTS, BOARDING PASSES ETC.

Name: _____
Civil Reg. No. (CPR): _____
Destination: _____
Purpose of travelling: _____ (Please enclose a copy of the conference/workshop/meeting programme).
Departure date and time (home): _____
Date and time of return (home): _____
Accommodation: <ul style="list-style-type: none">• Name of hotel/guest house: _____• Number of nights: <input type="checkbox"/>• Breakfast included: Yes <input type="checkbox"/> No <input type="checkbox"/>
Which meals were paid for? <ul style="list-style-type: none">• Breakfast (number): <input type="checkbox"/>• Lunch (number): <input type="checkbox"/>• Dinner (number): <input type="checkbox"/>
Which grant is to pay? _____
Date and signature: