

Please return this form to:
 Central Coordination EHDN
 Universität Ulm, Abt. Neurologie
 Oberer Eselsberg 45/1,
 89081 Ulm, Germany
 Phone: +49 731 500 63 105



Reimbursement Form

EHDN2022 Plenary Meeting Bologna - **FOR EHDN MEMBERS ONLY** (applications for membership submitted after May 23, 2022 will not be eligible for reimbursement)

Recipient

Name, First Name of meeting attendee:	
Name, First Name of account holder (if different to meeting attendee):	
Address of account holder:	
E-mail Address:	Phone number:
Note: Only forms sent via post can be considered for reimbursements. Forms sent via e-mail, cannot be accepted. Please fill out the form digital or in legible handwriting - the form cannot be processed if the details are not readable. Thank you.	

Bank Details of the Recipient

Bank:	
Address of the Bank:	
Participants from Europe:	Participants from outside Europe:
SWIFT / BIC:	Account Nr.:
IBAN:	SWIFT / BIC:
	Routing Nr. (for USA):

Accounting for Reimbursement*

internal accounting use only			for participants to be filled out		
Sachkonto:	Kostenstelle:	Projekt:	Expense Discription	Amount	Currency
			Airfare		€
			Ground Transportation		€
			Accommodation		€
			Others		€
Total expenses submitted:				0,00	€

*Important: Please include all original receipts to the form sent via post. Only forms with receipts as proof can be reimbursed.

Additional Meetings:

Attended a WG Meeting?	Yes/ No:	Name of the WG:	Date of the Meeting:
Attended a Committee Meeting?	Yes/ No:	Name of the Committee:	Date of the Meeting:

Internal Accounting Use Only:

Verwendungszweck: EHDN2022 Reimbursement			
Ordnungsgemäße Kontierung Rechnerisch richtig	Sachlich richtig	Die Geschäftsbuchhaltung –Kasse – wird angewiesen, o.g. Betrag anzunehmen/ auszuzahlen und zu buchen	o.g. Anweisung wurde ordnungsgemäß ausgeführt und gebucht! Geschäftsbuchhaltung -Kasse-
Verg. Gruppe Datum, Unterschrift	Datum, Unterschrift	Datum, Unterschrift, Bez.d.anord. Stelle	Datum, Kurzzeichen