



Please return this form to:
 Central Coordination EHDN
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 krakow2026@ehdn.org

Reimbursement Form EHDN Clinical Research Congress 2026 Kraków FOR EHDN MEMBERS ONLY

EHDN membership applications for membership submitted after June 25, 2026 will not be eligible for reimbursement! 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! Please include all original receipts to the form sent via post. Only forms with receipts as proof can be reimbursed!

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:

Bank Connection of the Receiver:

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

Accounting for Reimbursement:

Internal accounting use only			For participants to be filled out		
Sachkonto:	Kostenstelle:	Projekt:	Expense Description	Amount	Currency
			Airfare		
			Ground Transportation		
			Accommodation		
			Others		
Total expenses submitted:					

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: EHDN2026 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