Please return this form to:
Central Coordination EHDN
Universität Ulm, Abt. Neurologie
Oberer Eselsberg 45/1,
89081 Ulm, Germany
krakow2026@ehdn.org

Date:

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
	979999	I.HD2.F.1.5	Airfare		
			Ground Transportation		
Kreditoren:			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 Reimb.			
Ordnungsgemäße Kontierung Rechnerisch richtig Verg. Gruppe Datum, Unterschrift	Sachlich richtig Datum, Unterschrift	Die Geschäftsbuchhaltung –Kasse – wird angewiesen, o.g. Betrag anzunehmen/ auszuzahlen und zu buchen Datum, Unterschrift, Bez.d.anord. Stelle	o.g. Anweisung wurde ordnungsgemäß ausgeführt und gebucht! Geschäftsbuchhaltung –Kasse- Datum, Kurzzeichen