



# Travel Claim

## Participation at EISCAT meetings

Name	
Institution	
(address)	

Meeting	
Location	
Date	

Date / Time	Travel from/to, staying/meeting at	Airfare cost	Hotel cost	Other costs
Total (local currency, indicate which)				
Total (preferred currency, indicate which)				
Grand Total (preferred currency)				

Signature of  
Travelling person \_\_\_\_\_

Signature of host  
Administration \_\_\_\_\_

*Mail this travel claim together with tickets, receipts etc. to EISCAT Headquarters with information how and where to refund the expenses.*