

REQUEST FOR REFUND OF TRAVEL EXPENSES - QoL Group

Name: Transportation costs*:

For trip to:
.....

Purpose of trip: Hotel costs :

Inclusive dates: Other expenses:

QLG Grant Number**
if executive expense, tick here:
if liaison expense, tick here:

Total Expenses:

Name & Home Address

of account holder

Account No

IBAN Number

Swift/Bic Code

Bank name

Full Bank Address

Signature: Date:

To be filled out the by the Treasurer:

Total amount approved Other amount approved:

Treasurer's signature: Forwarded to accounting on:

Scanned documents are preferred.

Please return this form and all supporting documents (including copies of bank transactions matching the receipts whenever possible) in **one pdf file** to kataylor@uni-mainz.de.

If necessary, a paper-based request can be sent to
Kathy Taylor
Institute for Medical Biostatistics, Epidemiology and Informatics
Obere Zahlbacher Str. 69
55131 Mainz, Germany

* Flight: only economy rate will be refunded, Train: first class will be refunded up to airfare economy rate

** This number is available in the footer of your grant/collaborator contract or from the project's PI

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