Reimbursement Form for Shipment to and from DESY

Name of Applicant:

Institute:

Proposal ID:

Beamline:

Start of Beamtime:

End of beamtime:

Institute's stamp/signature

Buchungsjahr:	20
Konto:	465000
Kostenstelle:	810

Reimbursement (please do not fill in grey fields!)

	Costs in original currency	Reimbursed Costs in €
Shipment Costs to DESY		
Shipment Costs from DESY		
TOTAL:		

Payment by Bank transfer

Name of Bank account holder

Sachlich richtig festgestellt/Datum

Bank name

Gesehen: / DESY - FS Unterschrift

IBAN

BIC or SWIFT Code

Country

The above details are correct to the best of my knowledge

Date and signature of Applicant