**Confirmation of Lasers4EU access at DESY**

# Lasers4EU Project Leader: Lasers4EU Proposal ID:

|  |  |
| --- | --- |
|  |  |

**Institution/Company: Country:**

|  |  |
| --- | --- |
|  |  |

**Allocated access at facility:**

Date Start: Date End: No. of units (8 hrs): Facility:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

# Participating experimentalists (users):

Stay at Facility

Name user: Date access start: Date access end: Signature user:

|  |  |  |  |
| --- | --- | --- | --- |
| 1) |  |  |  |
| 2) |  |  |  |

# Additional services provided by DESY personnel

Service: Date: No. of service hours: Signature user:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

# The above data are confirmed as correct

Date: Signature Lasers4EU Project Leader:

|  |  |
| --- | --- |
|  |  |

# DESY:

|  |  |  |
| --- | --- | --- |
|  | DESY Proposal ID |  |
| The above data are confirmed as correct |  |  |
| Date: | **No. of 8h shifts:** |  |
|  | Facility: |  |
|  |  |  |
|  | DESY Project Leader / Facility Leader: |  |
|  |  |  |
|  | **No. of additional service hours:** |  |
| Signature DESY: |  |  |

Please enclose to your travel reimbursement documents and send to:

DESY Photon Science User Office, Notkestr. 85, 22603 Hamburg, Germany