**CALIPSOplus**

- Convenient Access to Light Sources Open to Innovation, Science and to the World -

*HORIZON 2020 – Grant Agreement No. 730872*

**User Reimbursement Form**

**For experiments funded in the framework of the CALIPSOplus Trans-national Access Programme**

|  |  |
| --- | --- |
| 1. Supported User |  |
| Name: |  |
| Forename: |  |
| Institution: |  |
| Full address: |  |
| E-mail: |  |
| Bank details:- Account holder- Bank name- IBAN- BIC /SWIFT |  |

|  |  |
| --- | --- |
| 2. Experiment |  |
| Proposal – No.: |  |
| Title: |  |
| Facility (FELBE or TELBE): |  |
| Begin of experiment: |  |
| End of experiment: |  |

|  |
| --- |
| 3. Travel details & statement of expenses |
| Begin of travel (date): |  |
| End of travel (date): |  |
| Travel expenses (listed per item):- flight, train, bus, etc.- private car (kilometers)- use of taxi – please give a short justification  |  |

Please send this form together with all original invoices/receipts including boarding passes in paper form to the following address:

**Helmholtz-Zentrum Dresden-Rossendorf e.V.**

**EU –Liaison Officer**

**Dr. Barbara Schramm**

**Bautzner Landstraße 400**

**D-01328 Dresden**

**GERMANY**

I herewith affirm the correctness and completeness of any and all information I have given herein. Any and all expenditures listed herein were actually incurred by me and were not and will not be reimbursed, neither in whole nor in part, by any third party. Documentary evidence of the travel costs attached.

Date and signature of supported user

To be completed by the user office

I confirm that the above-mentioned applicant (article 1) is part of a research team which successfully qualified for beamtime in the peer-review procedure for selection of proposals requesting access to ELBE and that he/ she carried out the granted beamtime during the period specified in article 2.

Date and signature of user office representative