



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.



Payment details

Please fill in this part if this is your first application for travel reimbursement, or there has been a change in the information provided previously (address, bank account, organisation etc.)

Account holder data

Full Name	
Address	
Postal Code, City and Country	
E-mail and/or Phone No	

Bank data

Bank Name	
Bank Address	
Bank Postal Code, City and Country	

Account details

International style	
Account No	
Bank Code <small>(e.g. SORT CODE/ABA/BLZ or equivalent)</small>	
SWIFT address	

IBAN style

IBAN No	
BIC <small>(Bank Identifier Code)</small>	

IBAN: European banks have developed a system of International Bank Account Number (IBAN), which is a standardised method to interpret and control bank account numbers applied to international payments within Europe. To secure payment to your European bank account, please inform us about actual IBAN-number.

We need this form and tickets, receipts etc. in original so please send the set to **EISCAT Scientific Association, Rymdcampus 1, SE-981 92 Kiruna, Sweden**