



Reimbursement of travel expenses

Workshop/meeting/visit _____

Date (from-to): _____

Name of traveler: _____

Institute: _____

Address: _____

Costs concerning:	Amount	Currency
<input type="checkbox"/> tickets
<input type="checkbox"/> local transportation
<input type="checkbox"/> hotel
<input type="checkbox"/> other costs,
.....

Payment (Please fill this part completely, incomplete forms may lead to delay.)

Name of bank: _____

Address of bank: _____

IBAN code: (EU only) _____

Routing number: (US only) _____

BIC/SWIFT code: _____

Account number: _____

Name of account holder: _____

Address of account holder: _____

Signature:

Date:

Reimbursement will be based on **original** receipts/tickets (hotel, transportation, food, etc) **only**. Please provide a short, concise summary of your costs.

Please send this form and the original receipts/tickets to: **ORFEUS, c/o KNMI, P.O. Box 201, 3730 AE De Bilt, The Netherlands.**