



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

LMU excellent
Graduate School of Systemic Neurosciences



To be completed by the guest speaker:

Are you an employee of the State of Bavaria?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
Name:	_____	Personal address: _____
Institute:	_____	_____
E-Mail:	_____	_____
Length of stay:	from _____ till _____	
Reason for expenses	_____	
Bank Details	_____	
Name of bank	_____	
		Preferred method of reimbursement:
IBAN	_____	<input type="checkbox"/> Bank transfer
SWIFT/BIC	_____	

In case of honorary payment, my tax ID No. is _____.

I hereby state my personal responsibility for declaring the sums received on my tax or social contribution forms.

Date: _____ Signature _____

Please add originals (see enclosure) of your tickets and other expenses and send to:
Graduate School of Systemic Neurosciences, LMU Biozentrum, Großhaderner Str.2, 82152 Martinsried

For official use (to be completed by GSN administration):

	Currency used:	Total	Total in €
Travel costs:			
<input type="checkbox"/> Flight / <input type="checkbox"/> Train / <input type="checkbox"/> Auto / <input type="checkbox"/>			
<input type="checkbox"/> Maximum allowed accommodation expenses			
<input type="checkbox"/> Accommodation expenses			
Honorarium			
Proposed reimbursement:			

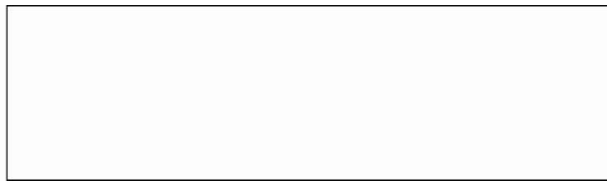
Expense payer:

- GSN
- MCN
- ENB

_____ Date and signature of host



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GSN Graduate School of
Systemic Neurosciences
Großhaderner Strasse 2
81252 Planegg-Martinsried
Germany

Zum Gastvortrag / Besuch von:

Name: _____

Sehr geehrte Damen und Herren,

Als Anlage erhalten Sie original Rechnungen / Tickets / Belege zu den beantragten Reisekosten.
Im Falle eines Unbar-Beleges bzw. Vorlage einer selbst ausgedruckten Rechnung/Rechnungskopie versichere ich hiermit, dass ich die Kosten verauslagt habe und nur einmalig und nur gegenüber dieser Institution geltend mache.

Ort, Datum

Unterschrift des Gastes

Guest lecture / Visit of:

Name: _____

Dear Sir or Madam,

As an attachment you receive the original invoices / tickets / receipts for my request of reimbursement. In case the payment(s) were not made cash or the invoice is a copy or printed by myself, I confirm that I am requesting the reimbursement of these costs only once and only from this institution.

Place and date

Signature of guest