VISESS Research Funds Reimbursement

# Details on VISESS Research Funds

|  |  |
| --- | --- |
| VISESS Research Funds registration no.: |  |
| Project(s)/purpose: |  |
| Funding amount according to funding commitment (€): |  |
| Spending period (dates of invoices from … until …): |  |

# Personal and contact information

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |  | First name(s): |  |
| E-Mail: |  |  |  |
| Private address (street, no, ZIP code, city, country): |  |

# Payment details

***For accounts with IBAN and BIC:***

|  |  |
| --- | --- |
| Bank country: |  |
| Account holder: |  |
| Banking institution: |  |
| IBAN: |  |
| BIC: |  |

***For accounts abroad without IBAN and BIC:***

|  |  |
| --- | --- |
| Bank country: |  |
| Account holder: |  |
| Bank account number: |  |
| Banking institution |  |
| Bank address (street, no, ZIP code, city, country): |  |
| Bank code / BIC / routing number: |  |
| Intermediary bank: |  |
| Scan of bank card | please attach a scan of your bank card |

# List of invoices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Cost category[[1]](#footnote-2) | Selling company | Purchased product/service | Invoice date | Amount and currency |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL (€)** |  |
| **VISESS Research Funds funding amount (€)** |  |

If the total amount is higher than the funding from the VISESS Research Funds: indicate who will cover the remaining costs:

|  |  |
| --- | --- |
| Funding source | Amount and currency |
|  |  |

[ ]  I confirm that I have attached all invoices indicated in the overview of invoices. I have numbered the invoices according to the number listed in column “No.” in the above list of invoices.

# Confirmation

[ ]  I confirm that I have paid the receipts.

[ ]  I confirm that I will keep all original documents until receipt of the payment.

# Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and place Signature

1. Choose: Conference fee, Membership fee, Literature, Hospitality, Equipment (office/lab), Consumables (office/IT/lab), Other. [↑](#footnote-ref-2)