



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

Abrechnungsformular

Title

Date

Travel expenses

Name

Address

.....

Date of birth

Day of arrival

Day of departure

Tickets (Please enclose original ticket and/or original bill)

Hotel €

Train €

Airplane €

Own Care €

Taxi €

Others €

Total €

Objectively correct: _____

Forschungsservice und Innovation



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

Please pay by direct bank transfer

Name of bank / City

Bank Sorting Code

Place and Date

.....

signature

Please send to:

**Medizinische Universität Innsbruck
Forschungsservice und Innovation
Fritz-Pregl-Straße 3, 5.Stock
A-6020 Innsbruck
Austria**