

## **Application for Travel Expenses**

The Beilstein-Institut will cover reasonable expenses for invited guests as approved in advance and upon request after the event. The rules for the reimbursement of expenses are based on direct travel to and from the event and are set out in the Guidelines.

The Beilstein-Institut covers the costs for the most cost-effective form of travel: 2nd class trains, economy flights, public transport, taxi and private car.

| Event:              |               |             |            |     |
|---------------------|---------------|-------------|------------|-----|
| Event Dates:        |               |             |            |     |
| Anticipated trave   | el dates*     | Arrival:    | Departure: |     |
| Applicant           |               |             |            |     |
| Name:               |               |             |            |     |
| Organization:       |               |             |            |     |
| City, ZIP:          |               |             |            |     |
| Country:            |               |             |            |     |
| Email:              |               |             |            |     |
| Arrival             |               |             |            |     |
| I will depart on    |               | from        |            | and |
| travel directly     |               |             |            |     |
| or with stopover*   | (overnight) i | n           |            | _   |
| using following m   | eans of trans | sportation: |            |     |
|                     |               |             |            |     |
|                     |               |             |            |     |
|                     |               |             |            |     |
| and arrive at the e | vent venue (  | on          | _          |     |
|                     |               |             |            |     |



(Application form continued)

| Departure   |                                    |                                  |  |  |  |
|---|------------------------------------|----------------------------------|--|--|--|
| I will depart from the event ver  | ue on                              | and                              |  |  |  |
| travel directly   |                                    |                                  |  |  |  |
| or with stopover* (overnight) in  |                                    |                                  |  |  |  |
| using following means of trans  | oortation (if different from arriv | val trip):                       |  |  |  |
|   |                                    |                                  |  |  |  |
|   |                                    |                                  |  |  |  |
| and arrive in   | on                                 |                                  |  |  |  |
| <b>*Please note:</b> We can only reim                                       |                                    | tly connected with the event     |  |  |  |
| If you extend your travel, eithe  |                                    | •                                |  |  |  |
| reduced proportionally.   |                                    |                                  |  |  |  |
| If your additional days of trave  | •                                  | (e.g., 3 additional days         |  |  |  |
| for a 3 day symposium), reimb   | •                                  | :11 1                            |  |  |  |
| In addition, if you do not travel<br>See the <i>Guidelines</i> regarding in |                                    | •                                |  |  |  |
| see the ouncennes regarding in  | dercontinental travel and for it   | initiel details.                 |  |  |  |
| If you change your arrival or d   | parture dates from those on yo     | our application form, and do not |  |  |  |
|   |                                    | , any no-show charges that the   |  |  |  |
| hotel passes on will be deducte   | d from your reimbursement.         |                                  |  |  |  |
| Estimated travel costs:   | Curr                               | ency:                            |  |  |  |
|   |                                    |                                  |  |  |  |
| Only approved expenses can be<br>Please contact the organizers if           |                                    | l plane                          |  |  |  |
|   |                                    | _                                |  |  |  |
| I certify that I will not seek a clareimbursed by the Beilstein-Ins         | •                                  | hose expenses that will be       |  |  |  |
| Date:   | Signature:                         |                                  |  |  |  |
| Please complete, sign and re  | urn this application form by th    | e deadline of                    |  |  |  |
|   | to the Beilstein-Institut.         |                                  |  |  |  |
| Fax.: +49 (0)6  | 9 7167 3219, Email: info@beil      | stein-institut.de                |  |  |  |