MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

MUI Lecture Series

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 0,00 **..... €**

Objectively correct: _____

Servicecenter Forschung

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Please pay by direct bank transfer ☐

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signature

Please send to:

Medizinische Universität Innsbruck
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Damla Celikel
Schöpfstraße 45,1.Stock
A-6020 Innsbruck

Austria