



MUI lecture Series, dd.mm.yyyy

Travel expenses



Please send to:

Medizinische Universität
Innsbruck
Servicecenter Forschung
Schöpfstraße 45,1.Stock
A-6020 Innsbruck
Austria

Name (please print):

Address:

Day of arrival:

Day of departure:

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

(To be filled in by SCF)

Hotel €

.....

Train €

.....

Airplane €

.....

Own Car €

.....

Taxi €

.....

Total €

.....

→ Objectively correct: _____
Servicecenter Forschung

Please pay by direct bank transfer

Name of bank/City

Bank sorting code

Account number

Place and date

_____ signature