



## Reimbursement Form: Travel Grant / Travel Award for CMSZH Members

### Student's data:

Name: Firstname:  
E-Mail: Phone:  
Supervisor: Institut:

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### Conference data:

Conference name:  
Conference location:  
Country: Date:  
**Presentation:**    paper            poster            talk            other  
**if other, please specify:**

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### Reimbursement:

Registration fee: CHF  
Accommodation: CHF  
Travel cost: CHF                                  rail ticket                  plane ticket

*If you apply for a travel grant, plane tickets will not be refunded.*

### Date and Signatures:

	Student	Supervisor
Zurich,	.....	.....

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### Important:

- This form has to be handed in to Claudia Cataldo (38 J 12) before the conference.
- All original receipts have to be handed in to Claudia Cataldo not later than three months after the end of the conference.

Intern Decision:

Grant approved:    ☐ yes    ☐ no                  Amount CHF:

Date: Zurich,

Visum F. Zelder: