ALBA USER OFFICE
TRAVEL FINANCIAL SUPPORT REQUEST

FOR FUNDED USERS

Full name:	ID Card / Passport:
Full personal postal address:	
Home institution:	
Experiment ID:	Beamline:
Period:	

Please select your home institution location:

Outside of Barcelona metropolitan area - Using our travel agency To cover extra travel expenses…………50 €
Outside of Barcelona metropolitan area - Using rental or own car (Select distance between ALBA and user's home institution) ☐   < 300 Km……………………….....80 € ☐   300 - 650 Km……………………..150 € ☐   > 650 Km…………………………..200 € Please provide car plate number:
Barcelona metropolitan area To cover travel expenses…………………15 € per beamtime day   days of beamtime

	I - Total amount	

To be completed in case of weekends or bank holiday	Amounts
Meals Allowance	
	II - Total amount	

III = I + II - TOTAL AMOUNT TO BE REIMBURSED	

It is mandatory to enter the bank details each time the refund is requested. ***Account holder should be the user of this request.***

Bank name:
Bank address:
IBAN:
SWIFT:

User Signature:	Approved:	Authorized: Scientific Director
Name:	Name: Mª José Simancas	Name: Klaus Attenkofer
Place & date:	Cerdanyola del Vallès,	Cerdanyola del Vallès,

Request to be sent by email to useroffice@cells.es