



ALBA USER OFFICE

TRAVEL FINANCIAL SUPPORT REQUEST

FOR FUNDED USERS

Full name:	ID Card / Passport:
Full personal postal address:	
Home institution:	
Experiment ID:	Beamline:
Starting beamtime date:	
Finishing beamtime date:	

Please select your home institution location:

<input type="checkbox"/> Outside of Barcelona metropolitan area - Using our travel agency To cover extra travel expenses.....50 €
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Total amount

<input type="checkbox"/> Outside of Barcelona metropolitan area - Using rental or own car (Select distance between ALBA and user's home institution)
<input type="checkbox"/> < 300 Km.....80 €
<input type="checkbox"/> 300 - 650 Km.....150 €
<input type="checkbox"/> > 650 Km.....200 €
Please provide car plate number: <input type="text"/>

Total amount

<input type="checkbox"/> Barcelona metropolitan area To cover travel expenses.....15 € per beamtime day <input type="text"/> days of beamtime

Total amount

***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: Place & date:	Name: M ^a José Simancas Cerdanyola del Vallès,	Name: Klaus Attenkofer