

**TRAVEL FINANCIAL SUPPORT REQUEST**  
**FOR FUNDED USERS**

Full name: Full personal postal address:  Home institution: Experiment ID: Starting beamtime date: Finishing beamtime date:	ID Card / Passport:   Beamline:
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**Please select your home institution location:**

<input type="checkbox"/> Outside of Barcelona metropolitan area - Using our travel agency To cover extra travel expenses.....50 €	Total amount <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Outside of Barcelona metropolitan area - Using rental or own car (Select distance between ALBA and user's home institution) <div style="margin-left: 20px;"> <input type="checkbox"/> &lt; 300 Km.....80 €  <input type="checkbox"/> 300 - 650 Km.....150 €  <input type="checkbox"/> &gt; 650 Km.....200 €         </div> Please provide car plate number: <input style="width: 150px;" type="text"/>	Total amount <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Barcelona metropolitan area To cover travel expenses.....15 € per beamtime day <input style="width: 50px;" type="text"/> days of beamtime	Total amount <input style="width: 80%;" type="text"/>

**BANK DETAILS (To be completed in the first request or in case of change of account number)**  
**Account holder should be the user of this request.**

Bank name: Bank address: IBAN: SWIFT:
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User Signature:	Approved:	Authorized: Scientific Director
Name: Place & date:	Name: M <sup>a</sup> José Simancas Cerdanyola del Vallès,	Name: Klaus Attenkofer