



MEDIZINISCHE UNIVERSITÄT
INNSBRUCK

MUI Lecture Series

Title

Date

Travel expenses of the speaker

Name

Address

Day of arrival

Day of departure

(Please enclose original ticket and/or original bill)

Hotel

Train

Airplane

Own Care

Taxi

Others

Total



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Please pay by transfer to the MUI Department

(In case, the MUI Department paid already the costs of the speaker)

.....
Signature of the host at the MUI Department

Please pay by direct bank transfer to the speaker

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Signature of the speaker

**Please send the form to:
sc-forschung@i-med.ac.at**

**Medizinische Universität Innsbruck
Department for Research Services & Innovation
Fritz-Pregl-Straße 3
6020 Innsbruck, Austria**

Von der Abteilung Forschungsservice und Innovation auszufüllen:

Abrechnung objektiv korrekt

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