

Reimbursement Form

Project Acronym	SPIRIT
Cost Object	

Occasion	User	
	Meeting	

	Grantee
Last Name	
First Name	
Institution	
E-Mail-Address	
Phone-Number	

	Bank Details
Bank Name	
Account Holder	
Account Number	
Bank Identification Code (BIC)	
IBAN	

	Reimbursable Costs
Accommodation	
Travel	
Daily Allowance	

Comments	
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Date	
Signature	

Please take care that invoice are strictly addressed to the HZDR.
Please attach all original receipts incl. boarding passes and sent it to:
Helmholtz-Zentrum Dresden-Rossendorf
Finances
Katja Groeger
PF 510119
01314 Dresden
Germany

If you have any questions, please send an e-mail to:
a.weissig@hzdr.de