

# MSc Expenses

## Reimbursement form (total amount must not exceed 1500 CHF)



b  
UNIVERSITÄT  
BERN

Name \_\_\_\_\_

Address \_\_\_\_\_

Immatriculation Nr. \_\_\_\_\_

Bank name / IBAN \_\_\_\_\_

**1 Field work (maximum amount: 700 CHF)**

1.1 **Travel** : public transport (half price); gasoline for use of private care (permission required), mobility car or rented car (permission required)

| Date  | Claimed amount  | No. of receipt | Remark | Sig. of supervisor |
|-------|-----------------|----------------|--------|--------------------|
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | <b>CHF 0.00</b> | _____          | _____  | _____              |

1.2 **Accommodation and meals:**  
Up to **CHF 50 per night** including breakfast, and max. **CHF 25 per day** for meals incl. drinks)

| Date  | Claimed amount  | No. of receipt | Remark | Sig. of supervisor |
|-------|-----------------|----------------|--------|--------------------|
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | CHF 0.00        | _____          | _____  | _____              |
| _____ | <b>CHF 0.00</b> | _____          | _____  | _____              |

**2 Research costs & consumables (max. amount: 1000 CHF)**

| Date  | Claimed amount  | No. of receipt | Type of analysis | Sig. of supervisor |
|-------|-----------------|----------------|------------------|--------------------|
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | CHF 0.00        | _____          | _____            | _____              |
| _____ | <b>CHF 0.00</b> | _____          | _____            | _____              |

**3 Participation in a conference (maximum amount: 400 CHF)**

| Name of conference            | No.             | Remark | Sig. of supervisor |
|-------------------------------|-----------------|--------|--------------------|
| Registration fees             | CHF 0.00        | _____  | _____              |
| Costs for poster production   | CHF 0.00        | _____  | _____              |
| Travel                        | CHF 0.00        | _____  | _____              |
| Hotel Accommodation           | CHF 0.00        | _____  | _____              |
| <b>Total conference costs</b> | <b>CHF 0.00</b> | _____  | _____              |

Date and place \_\_\_\_\_

Signature of Ms. Student \_\_\_\_\_

**Appendix: Receipts**