

Reimbursement form (total amount must not exceed 1500 CHF)



b
**UNIVERSITÄT
BERN**

Name
 Immatriculation Nr.

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:	Signature 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	.....	.....
.....	CHF 0.00	.....	.....
.....	CHF 0.00	.....	.....

1.2 *Accommodation and meals:* Up to CHF 50 per night including breakfast, and up to 25 CHF per meal including drinks

Date:	Claimed amount:	No. of receipt:	Signature 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	.....	.....
.....	CHF 0.00	.....	.....
.....	CHF 0.00	.....	.....

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

Date:	Claimed amount:	Type of analysis:	No. of receipt:	Signature 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	.....	.....	.....
.....	CHF 0.00	.....	.....	.....

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

Name of conference:	.....	No. of receipt:	.....
Registration fees:	CHF 0.00	No. of receipt:	.....
Costs for poster production:	CHF 0.00	No. of receipt:	.....
Travel:	CHF 0.00	No. of receipt:	.....
Hotel	CHF 0.00	No. of receipt:	.....
Accommodation:	.....	No. of receipt:	.....
Total conference costs:	CHF 0.00	Signature of supervisor:	.....

Date and place:
 Signature of Ms. Student
 Appendix: Receipts