

Reimbursement form for Acta Physiologica travel grant

Meeting Information:

Purpose:

Destination:

Date:

Personal Information:

Name:

Address:

Post code/Place and Country:

E-mail:

Payment information

Banks name:

Address:

Account number *(those with Swedish bank account)*:

IBAN number:

BIC/SWIFT code:

(IBAN and BIC/SWIFT is not necessary if you use a Swedish bank account)

List of expenses (original receipts enclosed)

Text	Amount & currency
Total	

Granted amount: _____

(Your signature)

To be sent to:

The Scandinavian Physiological Society
c/o Department of Neuroscience
Uppsala University
Box 593
SE-751 24 Uppsala
Sweden