TRAVEL GRANT CLAIM FORM

Fill in the following form and return it to: siica.amministrazione@siica.it together with copies of receipts.

The receipts in original must be sent to the following address:

To the attn. of Dr. Riccardo Sclavi
Via Fra Cristoforo, 14/D
20142 MILANO
Phone: +39-02-84800635

meeting: ____________________________________________

PLACE: _______________ DATE: _______________________

Name
Surname
Institute
Phone/Fax
e-mail
Bank reference
IBAN
BIC/SWITCH
Headed to

Please find herewith attached no. ............... receipt for a total amount of € ...........

TRAVEL RECEIPTS

| Description: | € |
| Tickets : | |
| Accommodation: | |
| Taxi/bus/train: | |
| Registration: | |