



PhD & Postdoc Mobility Program
Reimbursement Report
ELIAS-externals

Submitting Your Reimbursement Report

This form is to be submitted to phd@ellis.eu within 1 month after the last day of the visit. The following document must be submitted along with the form:

- A declaration/email by the sending or hosting advisor to confirm that the visit as described below took place.

The subject line of the e-mail should include Reimbursement ELIAS Mobility Grant: Last Name; the two supervisors should be cc'ed as well as the administrative contact person of the host institution.

Scanned copies of the original receipts should be sent to the administrative contact person of the host institution.

Declaration

Full name:

Affiliation:

Hosting advisor:

Hosting institution:

Starting date of the visit:

End date of the visit:

I declare that I participated in the Mobility Program of the European Lighthouse of AI for Sustainability (ELIAS) under Grant Agreement No. 101120237.

I declare that I visited _____ at _____

from _____ to _____ .

Purpose and results of the visit

Describe the added value and results of the visit (e.g. joint publication/submission, workshops).

Reimbursement

Please indicate the actual costs incurred in euro that you requested to be reimbursed from the host institution via the ELIAS Mobility Fund. For travel expenses incurred in another currency than euro, please enter the actual costs in the relevant currency.

Transport:

Accommodation:

TOTAL:

Requested reimbursement:

(Optional) Comments:

Terms

I have read and agree with the Terms and Conditions of the PhD & Postdoc Mobility Program (available at <https://ellis.eu/mobility-fund>).

I agree that the personal data included in this form will be processed for the purposes of the PhD & Postdoc Mobility Program.

I agree to acknowledge travel support from ELIAS in any publications resulting from the visit.

I confirm that the information I provided in this form is correct.

I declare on my honour that I have not been / will not be reimbursed for these expenses by any other entity than my host institution.

Signature

Name:

Date:

Signature:



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