



Request for reimbursement cost incurred and charges

(NOT for travel expenses of persons with Med Uni employment relationship)

At:
Financial Accounting
Auenbruggerplatz 2
8036 Graz

Name applicant:	_____
Address:	_____
	<input type="radio"/> employed at the Medical University of Graz
	<input type="radio"/> without employment relationship with the Medical University of Graz
Institut/Organizational Unit:	_____
Internal Order No.:	_____
<i>or</i>	
Cost center:	_____
Name of Responsible person:	_____
Amount in EUR:	_____
Reason:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Bank details	
Bank name:	_____
Bank address:	_____
IBAN:	_____
BIC/SWIFT:	_____

- The original document is attached as an annex**
(A refund may be subject to presentation of the original receipt and proof of payment be made.)

Date, signature applicant

Date, signature project/cost center manager