



## Declaration form for travel reimbursement

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To GRADE Center iQbio

c/o Dr. Dorith Wunnicke

Goethe University Frankfurt (Biocenter)

Max-von-Laue-Str. 9

60438 Frankfurt am Main

Titel, first name, last name:

Institute/department:

Private address:

By signing this letter, I confirm the accuracy and completeness of the submitted information. All stated costs have been incurred during my travel amounting to a total of  Euro.

Furthermore, I assure that I have not applied for or received any reimbursement of these costs elsewhere.

Date:

Signature: \_\_\_\_\_