**Adams Fellows Travel Expenses Claim Form**

Name of participant (in capital letters)

Address of participant (in capital letters)

E-Mail

Place and dates of the event

Departure from Date Return to Date

Departure from Date Return to Date

Departure from Date Return to Date

**Travel expenses** (Please attach copies of your receipts)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item of expenditure** | **Amount** | **Currency** | **US Dollars** |
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**TOTAL EXPENSES IN US DOLLARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I declare that the expenses claimed above are not being reimbursed from any other source.**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_