

実験概要報告書 (旅費支給用)

Application Form for Supporting Travel Expenses

Proposal Information	研究課題番号 : Proposal Number	<input type="text"/>	ビームライン名 : Beamline	<input type="text"/>
	実験責任者 : Project Leader	<input type="text"/>	所 属 : Affiliation	<input type="text"/>
	ユーザーカード番号 : User Card Number	<input type="text"/>		

※ 交通費等請求書を併せてご提出ください。

ユーザーカード番号 :
User card number

氏名 :
Name

所属 :
Affiliation

学科・
学部名

実験概要 :
Experiment Summary

利用推進部
記入欄

/ /

Domestic Travel Expense Reimbursement Claim
(for Budding Researchers from Abroad)

1. Claimant's Information

Name in full: _____ Signature: _____
 Grade: _____
 Tel.: _____
 Organization Name: _____
 Organization Address: _____

2. Travel Information

2.1 Period for which the reimbursement claim is requested:

from _____ mm/ _____ dd/ _____ yy/ through _____ mm/ _____ dd/ _____ yy

2.2 Lodging required? If yes, where did you stay and how long?

- Yes. SPring-8 Guest House: from _____ mm/ _____ dd/ _____ yy/ through _____ mm/ _____ dd/ _____ yy
- Yes. CAST : from _____ mm/ _____ dd/ _____ yy/ through _____ mm/ _____ dd/ _____ yy
- Yes. Other : from _____ mm/ _____ dd/ _____ yy/ through _____ mm/ _____ dd/ _____ yy
- No.

2.3 Reimbursed for these expenses from any other source?

- Yes. Explain(_____)
- No.

2.4 Flight information arriving at and departing from Kansai Int'l Airport (not reimbursable):

Arrival Date and Time: _____ Flight No.: _____
 Departure Date and Time: _____ Flight No.: _____

3. Bank Information

Please provide your bank details on another sheet.

For Office Use Only

【JASRI 記入欄】 _____ / ~ / _____ 大学院生提案型課題旅費 (大学院生提案型課題旅費支給要領に基づく)			
利用実験課題名 : 大学院生提案型課題	所属長		担当者
予算コード (_____)			

Dear Sir or Madam,

By filling out the following format, please provide us with the information upon your own bank account, to which JASRI will transfer payment to reimburse you for business-related expenses. We appreciate your understanding and cooperation.

Accounting Section
Japan Synchrotron Radiation Research Institute

Please write in with block letters.

(1) Recipient information

①	Account Holder's Name (must be your name)	
②	Bank Account No.	
③	IBAN code (if transferred to EU and paid by EUR)	
④	Address (must be as recorded at recipient's bank)	
⑤	Country	
⑥	Phone No. (home/office)	

(2) Information about the bank account

①	Name of the bank	
②	Name of the branch	
③	Bank No. and branch No.	
④	SWIFT code (BIC code)	
⑤	ABA No. (for US)	
	Sort Code (for UK)	
	Transit No (for Canada)	
	Bank codes if any (for other area)	
⑥	Bank's address	
⑦	City, State	
⑧	Country	

Date: / / _____