

Department of Astrophysics

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Reimbursement Form for Guests

Name of event / Dates of visit:

First and last name:

Please complete this form and scan together with all receipts, tickets, etc. Send the scan in PDF format to solomon.ofosuappea@uzh.ch.

Reimbursement for □ seminar speaker □ collaboration □ event □ other:

		our bank account	
Street:			
Postal c	code, City:		
Country	:		
IBAN:			
J.S. banl	k accounts only:		
Bank na	ame and address		
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