



**BTECH travel application form**

To be filled in by the applicant (only one person per form). Please email the completed form to Janni Ørskov Salomonsen ([janni@btech.au.dk](mailto:janni@btech.au.dk)); she will obtain signatures from either the Deputy Head of Department or Head of Department.

|   |  |
|---|--|
| Name  |  |
| Research group, centre or study programme                   |  |
| Project name and number<br>(90200 if not externally funded) |  |

|                                      |  |
|--------------------------------------|--|
| Destination (city, country)          |  |
| Name of university, conference, etc. |  |
| Departure date                       |  |
| Return date                          |  |

|                                       |  |
|---------------------------------------|--|
| <b>Itemised budget</b>                |  |
| Travel expenses                       |  |
| Hotel                                 |  |
| Daily subsistence allowance           |  |
| Conference fee                        |  |
| Additional expenses                   |  |
| <b>Total estimated expenses (DKK)</b> |  |

**Always fill in the fields below (remember signatures)**  
**Purpose of travel (mark with an X)**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Presentation of paper                     |
| <input type="checkbox"/> | Other purpose of travel (please state):   |
| <input type="checkbox"/> | PhD course (always signed by supervisor): |

**Information about paper**

|  |
|--|
| Has the paper been presented at a conference before? |
| If YES, by whom and where?                           |

**I enclose the following documentation (mark with an X)**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Conference programme/invitation or information material about the conference |
| <input type="checkbox"/> | Acceptance of the paper to be presented                                      |
| <input type="checkbox"/> | Documentation of other activities  |
| Date:                    | Signature of applicant:  |

The form will be returned to you when the Deputy Head of Department or Head of Department has evaluated your application.

|       |   |
|-------|---|
| Date: | Signature of Deputy Head of Department or Head of Department: |
|-------|---|