**Application for travel funds for a lab exchange within the framework of the TRR259**

To: Cornelia Fischbach

Scientific Coordinator iRTGTRR259

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**Applicant (= Traveler)**

Name, first Name:

Institute, location:

E-mail address:

SFB sub-project number: Principle investigator(s) :

**General information about the trip**

Host institute:

Local supervisor:

Beginning of the trip:

End of the trip:

Stay is planned in combination with another business trip:

The stay is planned in combination with a private stay:

**Budgeted funds**

Traveling expenses:

Accommodation costs:

Other:

Total funds requested:

The TRR259 will support two 2-week laboratory exchange with max. € 100/day.

**Signatures**

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Date, Signature of Applicant Date, Signature of Principal Investigator

**Approval (To be completed by an iRTG speaker)**

Approved funds (in €): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date, Prof. Verena Hörr