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| 1. **Applicant (Contact info and personal records)**
 |
| **Name:** |       |
| **Title:** |  |
| **Address, Employment:** |  |
| **Telephone:** | **031-777777** | **Mobil:** | **+46 777-777777** |
| **E-mail:** | **xxxxxxxxxx.xxxxxxxxxx@gu.se** |
| **Applicant****(Education - Position)** |       |
|  |
| 1. **Type of travel**
 |
| [ ]  a. Within Sweden | [ ]  b. Within Europe (Sweden excl.) | [ ]  c. Outside Europe |
|  |
| 1. **Current travel (Country, place and conference name and type of attending)**
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|  |
| **Travel place****(Town and country)** | **Starting date****(yymmdd)** | **Ending date****(yymmdd)** | **Total cost** **(SEK)** | **Travel grant already obtained from last year** **until today** |
|       -       | 2023-11-11 | 2023-11-11 | 0 |  SEK (RB 00-00) |
|  |
| 1. **Subsidies from other donors obtained for this travel**
 |
| **Grant source** | **Amount obtained** | **Applied but not yet granted** |
|       |  |  |
|       |  |  |
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| 1. **Purpose of the travel (NB: An active attending related to cancer research is required for eligible application)**
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| 1. **Approval**
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| Approval of the supervisor if the applicant is not yet disputed      |
| The undersigned certifies that the travel worthily contributes to the department and can be implemented.Head of Department (signature and name in capital letters)       |
| Comments      |
|  |
| 1. **Appendices** (mandatory)
 |
| ✓ Curriculum vitae and Publication list (short) | ✓ Abstract, poster presentation, Lecture, etc.✓ Acceptation for attendance  |
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| INSTRUCTION FOR PAYMENT OF THE GRANT**NB!** The application will be disregarded if the appendices required in §7 are missing.  |
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| 1. **Recipient: Travel grants will not be paid on a private bank account**
 |
| **name**      | **a) Post giro or bank giro** |
| **institution or equivalent**      |
| **cost centre number**      | **Subsidies are no longer paid on private accounts** |
| **Department**      |  |  |
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| **Post address, applications to be sent to:**  | **Completed applications are to be sent in one pdf-file via e-mail no later than two months prior to the travel start.****Incomplete applications will not be taken into account.** |
|  secretariat@agfond.se  |
| Contact for more information:Tel: 031-308 6700, Monday - Thursday 08.00-12.00 |
|  |
| 1. **Signature**
 |
| Gothenburg, 2023-01-01 |  |  |  |
| place and date |  | Signature of the applicant  |  |
|  |