Claim for Reimbursement of Expenses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: | **Radek HOFMAN** | | | PERSONNEL NO. | 8701468 |
| DIVISION/SECTION: | IDC/SA/SI | OFFICE RM. NO.: | E0576 | EXTENSION | x6442 |

**Bank Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Payee: | Radek HOFMAN | Bank code: | BKAUATWW |
| Bank name: | Bank Austria | Account no: | AT321200010021146906 |
| Bank address: | 1010 Wien, Schottengasse 6 – 8 | Currency in which payment is requested | €  US$ |

**DESCRIPTION OF EXPENSES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ITEM NO. | DATE  dd/mm/yy | | DESCRIPTION OF EXPENSES | | | CLAIMED AMOUNT IN CURRENCY OF EXPENDITURE | | | EXCHANGE RATE | | CLAIMED AMOUNT IN US$ / € | | APPROVED AMOUNT IN IN US$ / € | |
| 1 | 10 Jan  2018 | | EGU General Assembly 2018 abstract  processing charge for "Tuning and extending  artificial neural networks used in automatic  phase identification of detections at  3-component seismic stations of the  International Monitoring System" by Radek  Hofman et al., EGU2018-16216  Customer ID: 443757  Invoice No.: EGU2018-ASC-2018-15874 | | | €40.00 | | |  | |  | | €40.00 | |
| **Certification of the Claimant** | | | | |  | **Total Approved Amount in**  **US$  / €** | | | | |  | | | **€ 40.00** |
| I certify that the amounts claimed represent my actual | | | | |  | **Less: Advances** | | | | |  | | |  |
| expenses for which payment (other than advances) | | | | |  | **Net Payment (US$)** | | | | |  | | | **$ 0.00** |
| has not been received. | | | | |  | **Rate of Exchange** | | | | |  | | |  |
|  | | | | |  | **Net Payment in Requested Currency** | | | | |  | | | **€ 40.00** |
|  | | | | |  |  | | | | |  | | |  |
|  | |  | | Radek HOFMAN  Software Engineer, IDC/SA/SI | | |  |  | | | |  | | |
| Date Claimant Signature | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | |  | | W. Randy BELL, Director IDC/OD | | |  |  | | | |  | | |
| Date Allotment Manager Signature | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | |  | | Debbie YIP, Planning and Project Officer IDC/OD/PPBI | | |  |  | | | |  | | |
| Date Certifying Officer Signature | | | | | | | | | | | | | | |
| Charge to: | | | | | | | | | |  | | | | |