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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** | | | | |
| 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. | | | | |
|  | | | | |
| 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** | |  |  | |
|  |  | |
|  | | | | |
| **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](mailto: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 | |  |
|  | | | | |