**Travel Form for Students – Expenses Paid for by the Science Relations Foundation (hereinafter: “SRF”)**

The form is to be submitted to the coordinator of student travel in the academic unit.

\*The form is written in masculine form for convenience purposes only; it is intended for both women and men alike.

**Note**: This form is to be completed by the student. All information included on the form, including the student’s declarations, will be entered into the Technion’s computer system by the Technion. This form will be attached to the application that is to be submitted through the Technion’s forms portal.

1. **Student Information and Advisor Information**

|  |  |
| --- | --- |
| **Advisor Information** | **Student Information** |
| First name **in Hebrew**:  Last name **in Hebrew**:  Faculty:  Technion email address: | ID number:  First name **in Hebrew**:       Last name **in Hebrew**:  Academic faculty / unit:  Cell phone number:  Technion email address:  Degree program:  Master’s  Doctorate  Scholarship recipient during the absence period:  Yes  No |

\*All correspondence with regard to this form will be made through Technion email addresses.

1. **Information About the Trip / Absence:**

Departure date:

Return date:

Comments:

**Please note that if this form is submitted after the trip, retrospectively, you must include a letter from your advisor and from the dean of the faculty explaining why the form was submitted after the fact!**

1. **Purpose of the Trip – you must mark at least one option for the purpose of your trip:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purpose of the Trip** | **Details** | | | | | **University / Institute / Company** | | | |
|  | From date | To date | Country | Region | City | \*Type of institution | Name of conference / institution | Conference / convention link | Comments |
| Conference presentation (talk) / poster presentation |  |  |  |  |  |  |  |  |  |
| Participated in a conference **but did not** give a talk / present a poster |  |  |  |  |  |  |  |  |  |
| Scientific / professional training |  |  |  |  |  |  |  |  |  |
| Research collaboration |  |  |  |  |  |  |  |  |  |
| Professional tour |  |  |  |  |  |  |  |  |  |
| Vacation / Personal absence |  |  |  |  |  |  |  |  |  |

\*With regard to “**Type of institution**,” specify one of the following options: University / Institute / Company / Hospital / Other

1. **Teaching and Exam Arrangements**

I have teaching and exam obligations during the course of the travel period (please choose one):  Yes /  No

**If yes**, please specify the teaching and exam arrangements for the travel period (including the summer semester):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Number | Course Name | \*Semester | Course Day & Time | Technion Course Coordinator | External Course Coordinator | Comments |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*With regard to “**Semester**,” please specify: Semester A / Semester B / Summer Semester

1. **Estimate of Trip-Related Expenses and Funding:**

As per the provisions of the Tax Authority, all international travel expenses, including per diem expenses, will only be recognized with proof demonstrating that the expenses were all incurred and paid for by the person travelling, and that he did not receive any funding and/or accommodations in return or in exchange from another source.

With regard to the above statement, I declare that:

I will not receive funding from another source.

I will receive funding/accommodations from another source (in addition to the funds from the SRF that I am requesting via this form) for accommodations/airfare/other (please specify):

Technion’s budget

Technion Foundation’s budget

Other source (please specify):

\*Accommodation amounts and per diem amounts are updated yearly according to the updates of the Income Tax Commission.

Please note: Detailed information regarding recognized international travel expenses and regarding the “most favored nation” can be found on the [Accounting Division website; travel](https://mishne.net.technion.ac.il/%d7%a0%d7%a1%d7%99%d7%a2%d7%95%d7%aa/). All amounts are to be filled out accordingly (including with regard to the “[most favored nation](https://mishne.net.technion.ac.il/%d7%a0%d7%a1%d7%99%d7%a2%d7%95%d7%aa/)”).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accommodation, per diem, and car rental expenses ($)** | | | | | **Additional expenses** (airfare / domestic travel / conference registration / other (please specify) | |
| Expense type | Maximum daily budget (as per the Tax Authority) | Daily budget | Number of days | Total ($) | Expense type | Total ($) |
| Accommodation expenses with receipts, up to 7 days |  |  |  |  |  |  |
| Accommodation expenses with receipts, from the 8th night |  |  |  |  |  |  |
| Per diem expenses with accommodations receipts |  |  |  |  |  |  |
| Per diem expenses without accommodations receipts |  |  |  |  |  |  |
| Car rental |  |  |  |  |  |  |

**Note for those completing the form on the portal:** Some of the above fields will be updated automatically as you complete the form in the Technion’s computer system.

\*You may not exceed the amounts that are permitted as per the provisions of the Tax Authority.

Request for payment of labor union membership fees ($):       Comments:

Amount requested from the SRF ($):

**Total estimated expenses ($):**

1. **Documents**

Documents are attached to this application (including those required by the academic unit):  Yes  No

If yes, please specify which documents are attached:

1. **Declarations and Undertakings**

* **I hereby declare that the information I provided above is true, complete, and correct.**
* **I intend to work with ionizing radiation (for information on the topic, click on the “**[**ionizing radiation work arrangements**](pasak.net.technion.ac.il/files/2013/04/%D7%97%D7%95%D7%96%D7%A8-%D7%91%D7%A0%D7%95%D7%A9%D7%90-%D7%A2%D7%91%D7%95%D7%93%D7%94-%D7%91%D7%A7%D7%A8%D7%99%D7%A0%D7%94-%D7%9E%D7%99%D7%99%D7%A0%D7%A0%D7%AA-%D7%9C%D7%A2%D7%95%D7%91%D7%93%D7%99%D7%9D-%D7%9E%D7%97%D7%95%D7%A5-%D7%9C%D7%98%D7%9B%D7%A0%D7%99%D7%95%D7%9F-%D7%94%D7%9F-%D7%91%D7%90%D7%A8%D7%A5-%D7%95%D7%94%D7%9F-%D7%91%D7%97%D7%95%D7%9C-%D7%95%D7%9B%D7%9F-%D7%91%D7%9E%D7%A2%D7%91%D7%93%D7%95%D7%AA-%D7%91%D7%98%D7%9B%D7%A0%D7%99%D7%95%D7%9F-1-3.pdf)**” link):  Yes  No**

**If yes, you must attach your approval for working with ionizing radiation from the Technion’s Radiation Safety Unit.**

* **I undertake to report to the relevant entity, in writing, about any changes to the aforementioned information. Failure to report will be considered a violation of the Income Tax Ordinance.**
* **I undertake to obtain the appropriate insurance coverage (bodily and property), at my own expense, for every international trip and for the duration of my travels.**

**Date**:       **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide a handwritten (wet) signature after printing this application (no electronic signatures)**