



**SCHOOLS and WORKSHOPS
USES of FUNDS
provided by IUPAB**

**SCHOOLS and WORKSHOPS
USE OF FUNDS PROVIDED THROUGH THE IUPAB GRANT PROGRAMME
ITEMIZED FINANCIAL STATEMENT**

Title of workshop, school or scientific event:

.....

Place & dates:.....

Name and address of person in charge of the event:.....

.....

.....

.....

Phone number of person in charge of the event:.....

E-mail of person in charge of the event:

SUMMARY OF GUIDELINES FOR THE USE OF IUPAB FUNDS

The main use of the IUPAB grant is to support the travel and living costs of students attending the scientific event.

1. Travel and accomodation

Provide a list of names and professional addresses of all individuals having benefited from IUPAB support and the amount of funds provided for each of them.

This list must be accompanied by

- photocopies of plane, bus, train tickets
- individual receipts signed by each recipient of funds and stating the amount received.

2. Coffee Breaks and Meals

List all items and corresponding costs. Provide invoices.

3. Publications, Postage, Documentation, Printing, Photocopying

List all items and corresponding costs. Provide invoices.

4. Planning/ coordination/administration

List all items and corresponding costs. Provide invoices. This class of expenses should be kept to the minimum necessary for the normal operation of the event.

Please note that local administrative costs such as purchase of computers, audio-visual equipment or devices, furniture etc. are not eligible. Rental of poster boards are acceptable (provide invoices).

Payment of salaries, overtime etc. with IUPAB funds is strictly prohibited.

SUMMARY of EXPENSES

TOTAL GRANT PROVIDED BY IUPAB: EUR

Nature of Expense	Total Cost in local currency*	Total Cost in EUR
Travel (air plane , train tickets ...)		
Accomodation		
Coffee Breaks		
Meals		
Publications, Postage, Documentation Printing of documents, Photocopying		
Planning/coordination//administration		
TOTAL SPENT		

* if not EUR , indicate local currency and rate of exchange to EUR

I certify that the amounts mentioned on this form have been incurred on behalf of the IUPAB grant programme.

Name of the person in charge of the event :

Signature :

Place and Date:

Form to be mailed with appropriate documents and receipts to:

Professor P.J. Cozzone,

IUPAB Treasurer

Centre de Résonance Magnétique Biologique et Médicale (CRMBM),

Aix-Marseille Université, Faculté de Médecine de Marseille,

27 Boulevard Jean Moulin, 13005 Marseille, France.

Telephone: secretary +33 (0)4 91324801; direct (PJC): +33 (0)4 91324806

Fax +33 (0)4 91 25 65 39, e-mail: patrick.cozzone@univ-amu.fr