

## Application for a grant for international visiting scientists at TU Wien

1. Funding programme	
Funds for International Relationships	Funds for University Partnerships
2. Applicant (TU staff member)	
Surname:	First name:
Institute:	
Email:	Phone:
3. Guest	
Surname:	First name:
Institution, Department:	
Address:	
Email:	Phone:
4. Duration of stay	
From till	days:
5. Purpose of the visit at TU Wien	
First contact Continuation	n of an existing cooperation
Preparation of a joint project: yes	no
Purpose description:	
6. Cost estimate	
Costs of stay ( = days of stay x daily rate; see	e <u>Guidelines</u> ): €
Travel costs (only in exceptional cases, see	Guidelines): €
Research scholarship (for stays longer than	10 days, see <u>Guidelines</u> ): €
Total costs	€
Additional TU Wien grants requested:	no yes, €
I confirm that the information provided is correct and that I have read and understood the guidelines issued.	
Vienna, on	Signature Applicant:
The stay of the guest is in conformity with the scientific interests of the institute. I endorse the application.	
Vienna, on	Signature Head of Institute:

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7. Approval by the International Office	
This application for funding of the above-mentioned internwith the valid guidelines. The financial coverage of the the above-mentioned funds is ensured.	ational visiting scientists has been checked for compliance anticipated total amount of € from
Vienna, on	Signature IO:
<ol> <li>Costs of stay according to the guidelines:</li> <li>Travel costs in the anticipated amount of:</li> <li>Research scholarship:</li> </ol>	€
Total amount:	€
Vienna, on	Signature Head IO:
Please note: Points 8. and 9. should be signed just during the stay of the guest at TU Wien!	
8. Confirmation of stay	
I confirm that Ms/Mrresearch purposes at the institute fromto the guest.	
Vienna on	Signature Host
Vienna, on	Signature Host:
9. To be completed by the guest for the payment	Signature Host:
9. To be completed by the guest for the payment	Signature Host:
9. To be completed by the guest for the payment  Surname:	
9. To be completed by the guest for the payment  Surname:  Date of birth: Citizen	First name:
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:	First name:
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:	First name:enship:
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:  Street/house no.:  Home institution:  I confirm with my signature that I have no residence (no dor to other persons; the income does not flow to a domestic per	First name:
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:  Street/house no.:  Home institution:  I confirm with my signature that I have no residence (no dor to other persons; the income does not flow to a domestic per of the first interest in the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the first income does not flow to a domestic per of the flow to a	First name:
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:  Street/house no.:  Home institution:  I confirm with my signature that I have no residence (no dor to other persons; the income does not flow to a domestic per If no double taxation agreement has been concluded Austria: I declare that my stay in Austria does not exceed 6 and that my total income in Austria (after deduction of any adocumented) does not exceed € 2000 per year.  I ask for: cash payment of the approved grant*	First name:  Post Code:  Country:  nicile) in Austria; there is no obligation to pass on the income rmanent establishment maintained by me. between the home country of the visiting scientist and months (183 days) in a calendar year (limited tax liability) ccommodation and travel costs borne by me and
9. To be completed by the guest for the payment  Surname:  Date of birth: Citize  Home address (centre of vital interests): Place:  Street/house no.:  Home institution:  I confirm with my signature that I have no residence (no dor to other persons; the income does not flow to a domestic per If no double taxation agreement has been concluded Austria: I declare that my stay in Austria does not exceed 6 and that my total income in Austria (after deduction of any adocumented) does not exceed € 2000 per year.  I ask for: cash payment of the approved grant*	First name:  Post Code:  Country:  nicile) in Austria; there is no obligation to pass on the income rmanent establishment maintained by me. between the home country of the visiting scientist and months (183 days) in a calendar year (limited tax liability) ecommodation and travel costs borne by me and  transfer of the approved grant to my account

\*) Payments can only be made by bank transfer. Cash payments can only be made in justified individual cases (e.g. countries with a high banking risk) and require prior approval by the Bursar's Office.

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