Please note:

Travel claims must be submitted to Human Resources at ESO within six months after termination of your travel. Claims submitted after this period will not be reimbursed.

Europ	oean Southern Ob	serva	itory											
GARCHIN				à:				CHILE:						
Travel Claim Settlement			Karl-Schwarzschild-Str. 2 D-85748 Garching (Tel. +49-89-3 20 06-0)						Alonso de Cordova 3107, Vitacura Casilla 19001 Santiago 19, Chile (Tel. 0056-2-463.30.00)					
NO:	TC043229							Sa	intiago 1	9, Cr	ille (Tel. U	056-2	-463.30.00)	
First Name Last Name				S			e :	Staff Cat.		Job No).	Div.		
Alfio Puglisi												87	8	
Purpos	se of Travel (specify da	tes of m	neetings)											
Pugli	si/GARCHING:ERI	S Mee	eting											
28 O	ct 2013													
Itinera	ry													
Florence Garching			Florence											
Name and address of bank:		BIC:		IBA	IBAN (International Bank Account Number) or account no., if outside Europe:									
UNICREDIT		UNCF	ITMM		IT 68 U 02008 02837 000401419040									
Via dei Vecchietti 11														
	Firenze - Italy	OF T) A) / E											
PLANN	NED / ACTUAL DATES	OF IF		1 -		 					ls :	1	-	
 Planne	Start from Florence		Date 27/10/13	17:00			ish in nich (Garching))	Date 27/10/13			<u>Time</u> 18:20	
Planne	Munich (Garching)	Garching) 28/10/13		19:35			rence	<u>, </u>		28/10/13		20:50		
Private	Stay if any													
	of Expenditure	ı		Please	e tick:				_ 1					
In case of overnight stay, please specify:		Accommodation:		yes	no	nı	umber of nights			meals provided no. of lunches n		1	Where? . of dinners	
		paid by traveller							- ''	1 (Kantine)		110	. Or difficers	
			paid by 3rd party											
Rental	Car (private use):	how m	any days?							. (,			
	ts to be attached for ex			hotel,	confer	ence f	fees, priva	te t	ransport	(km)	, taxies, e	etc.		
List of expenses incurred by traveller:						Dat		km		-			Amount	
Taxi to Florence airport							Oct		EU		JR 23,0		0	
Justification for use of taxi: No public transportation to the				airport	irport				Total:			23,00		
Carrier -				Λ		aude-	d if the !		dataa - '	.	al d!## *	ions II	o nless1	
Certified correct:						•	a if the act ase of incr				er amer fr	om tr	e planned	
Date:				Date:										
Signatı	ure of traveller:			Signa	ature o	f Man	ager of the	e W	ork Pack	age :	and/or He	ad of	Division:	