

Application Form for Financial Support from the Doctoral Board

1. **Doctoral Council:** _____

2. **Contact Person**

Name _____

E-mail _____

Telephone _____

3. **Bank Account Information**

Bank account

Account owner _____

Account no. _____ Clearing no. (if applicable) _____

Name of the bank _____

Bank- or PLUS-giro

Account owner _____

Giro no. _____

4. **Financial Support**

	Intended Purpose	Amount (SEK)
1	Fika for Council Meetings (Max. 2000 SEK)	
2		
3		
4		
5		
6		
7		
8		
	Total	

5. **Further Information about Intended Purposes** (the Purposes mentioned in Table in 4. Financial Support)

6. **Previous Funding through Doctoral Board**

a) **Amount of Funding**

Previous terms	Total amount of Funding (SEK)
Spring term 20__	
Fall term 20__	

b) **Describe shortly how this money was spent.**

I certify that the information provided in this application is accurate to the best of my knowledge.

Signature of the Contact Person

(as stated in 2.)

Date