



Application for reimbursement of editing costs

1. Personal details

Name & surname

Matriculation number

Postal code City

Address No. Stairs/door

Email

2. Details of the paper

Title
(Please attach your abstract)

Name of the journal

Peer Review YE NO

Open Access YE NO

Name & surname of the editor

Tax ID of the editor

Name & surname of the supervisor

Date:

Signature of the supervisor: _____

3. Estimate of costs or invoice

Amount	Date	Total Cost
		€

Date:

Signature of the applicant: _____