

To the
GRADE Center Gender
Cornelia Goethe Center
Goethe University Frankfurt
Theodor-W.-Adorno-Platz 6
Postfach PEG 4
60629 Frankfurt am Main
schmidbaur@soz.uni-frankfurt.de

Date:

Declaration Form (GCG-RF-02-EN)

Declarant:

Title, Surname, First Name:

Department:

Institute:

By signing this letter I assure you that all costs incurred (travel expenses and any participation fees), in the total amount of Euro, have been incurred on my behalf.

Furthermore, I certify that I have not applied for reimbursement of the costs elsewhere.

Date

Signature Declarant