# **Budget justification**

|  |  |  |
| --- | --- | --- |
|  | Local currency | Euros |
| **Trip to/from Hosting Institution (economy fare)** |  |  |
| **Accommodation** |  |  |
| **Daily transport** |  |  |
| **Health insurance (if applicable)** |  |  |
| **Total projection for the entire visit** |  |  |
| **Total requested** |  |  |

Please indicate the total budget for the entire duration of the fellowship. Expenses exceeding €1500 per month will not be reimbursed.