

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

Date:

### Declaration Form (GCG-RF-02-EN)

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**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.

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Date

Signature Declarant