Confirmation of NFFA access at DESY

NFFA Project Leader:				NFFA Proposal ID:		
Institution/Company:				Country:		
modulony company.						
Allocated beamtime at beamline: Date Start: Date End:			No. of shifts:		Beamline:	
Allocated DESY NanoLab access: Date Start: Date End:			No. of shifts:		Instrument(s)	:
			110.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			
Participating experimentalists (users):						
Stay at beamline Name user: Date beamtime start : Date beamtime end: Signature user:						
1)		Date beams	ie start .	Date beams	ic ciiu.	Jignature user.
2)						
Stay at DESY NanoLab Name user:		Date start acco	ess:	Date end acce	ss:	Signature user:
1)						
2)						
Additional services provided by DESY NanoLab personnel Service Date No. of service hours Signature user:						
Service						Signature user.
		<u> </u>				
The above data are confirmed as correct Date: Signature NFFA Project Leader:						
				· · ·		
DESY:						
The above data are confirmed as correct				DESY Proposal ID		
Date:				No. of 8h shifts:		
				Beamline:		
Signature DESY:				DESY NanoLab:		
				- 1100		
				No. of additional service hours:		

Please enclose to your travel reimbursement forms and send to: