



DUBBLE – EXPERIMENT REPORT

We kindly request you to answer the questions (max 2 pages) and return the form to NWO **within 2 months of the completion of the experiment** to dubble@nwo.nl

Beam time number: 26-02-857		File number:
Beamline: BM26B	Date(s) of experiment: 30/10/17-03/11/17	Date of report: 08/11/2017
Shifts: 9 shifts	Local contact(s): Daniel Hermida Merino	

1. Who took part in the experiments? (Please indicate names and affiliations)

Federica Burla (AMOLF), Bart Vos (AMOLF), Cristina Martinez Torres (AMOLF)

2. Were you able to execute the planned experiments?

YES

3. Did you encounter experimental problems?

YES (The beam was down for 5 hours on Monday)

4. Was the local support adequate?

YES

5. Are the obtained results at this stage in line with the expected results as mentioned on the project proposal?

YES

6. Are you planning follow-up experiments at DUBBLE for this project?

YES

7. Are you planning experiments at other synchrotrons in the near future?

NO

8. Do you expect any scientific output from this experimental session (publication, patent, ..)

YES (year 2018, papers and thesis)

9. Additional remarks



DUBBLE - CLAIM FORM FOR COSTS OF TRAVEL/SUBSISTENCE

Dutch users of beam time at DUBBLE can use this form to claim full/partial reimbursement of the associated costs of travel and subsistence. The form must be returned to NWO **within 2 months of the completion of the experiment** to dubble@nwo.nl

Reimbursement rules (costs are reimbursed to the Main Proposer)

Travel costs

€ 400 p.p. for max. 3 persons.

Subsistence costs

Subsistence costs are reimbursed for max. 3 persons @ € 60 p.p. per day (incl. 1 day before the experiment).

Applicant (Main Proposer) : Gijsje H. Koenderink _____
Beam time number : 26-02-857 _____
Experiment dates : 30/10/17-03/11/17 _____

Participants (max 3 persons):

Name : Federica Burla _____
Name : Bart Vos _____
Name : Cristina Martinez Torres _____

Payment details (institution)

Pay to account no. :
Reference :
Name :
City :