

**CERTIFICATION OF WORK ABROAD** 

Name of recipient:

Academy of Finland Finance Unit P.O. Box 99 FI-00501 HELSINKI FINLAND

## Decision No. Research Council that made decision: Name of grant recipient: Site of research abroad: Working period abroad: Confirmation by foreign site of research: Signature Place/date Signature by grant recipient Place/date To be filled in by the Academy of Finland Received by the Finance Unit, date