

Travel Expense Claim Form (English guidance sheet. Please complete and sign the German original.)

Received date:

Important: You must enclose the original, approved business travel application form with this claim form. Travel expenses can only be reimbursed if they are settled within 6 months.

Given name(s), Family name(s)		Street and house No.		Postcode and town/city:	
Bank details - IBAN			BIC		
Own house/flat/room at place of business? <input type="checkbox"/> yes <input type="checkbox"/> no		To be completed by claimants who are not employed by/posted to the University of Passau:			
		Tax identification number		Date of birth	
I. Outward journey		Hotel/accommodation*	Transportation	Mileage rate	Other
Departure Date _____ Time _____		a) with breakfast	a) Air/rail/coach fares	a) Car with valid reason	(indicate types of expenses and provide necessary justifications in section VI)
from <input type="checkbox"/> Home <input type="checkbox"/> Office		b) without breakfast	b) Taxi fares (only reimbursed in justified cases)	b) Car without valid reason	
Means of transport from _____ to _____		*If the maximum rate is exceeded (EUR 90/ EUR 120 in Germany; for overnight expenses abroad see rates [German content]), you must provide justification in section VI.	c) Seat reservations	c) Number of fellow travellers	
II Stay at place of business		EUR	EUR	Kilometres	EUR
Start of official business Date _____ Time _____					
End of official business Date _____ Time _____					
Travel expenses at the place of business for the full duration: <input type="checkbox"/> Private car <input type="checkbox"/> <input type="checkbox"/>					
III Return journey					
Departure Date _____ Time _____					
Means of transport from _____ to _____					
Arrival at <input type="checkbox"/> Home <input type="checkbox"/> Office					
Date _____ Time _____					
Sum Totals					
IV Foreign travel					
Place, date and time of each border crossing/landing					
Outward journey: _____					
Return journey: _____					
V Allowances (also fill in if daily allowance is waived!)					
In connection with this trip I have received:					
Reimbursement of transportation expenses		<input type="checkbox"/> no <input type="checkbox"/> yes, in the amount of: _____		for [indicate means of transport]	
Free accommodation		<input type="checkbox"/> no <input type="checkbox"/> yes, provided by host/organiser on/from _____		<input type="checkbox"/> yes, privately organised on/from _____	
Free meals (must be completed!)		Breakfast	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Lunch	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Supper/dinner	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
Meals on the airplane		Breakfast	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Lunch	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Supper/dinner	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
Included in conference fee		Accommodation	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Breakfast	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Lunch	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
		Supper/dinner	<input type="checkbox"/> no <input type="checkbox"/> yes, on/from _____	[date]	
VI Space for justifications required for any of the above items (please use a separate sheet if necessary):					
I have received an advance on the travel expenses: <input type="checkbox"/> no <input type="checkbox"/> yes, in the amount of EUR _____					
I hereby declare that the information I have provided is correct and request payment of the claimed expenses to the bank account indicated above. I have read and understood the data privacy information.					
Town/city, date			Signature		