

Payment request for travel expenses



Please send the completed form including your (digital) signature and all receipts to the General, Expense-Related and Other Personnel Matters Department within the Personnel Division (internal mail address: Zentralverwaltung, Dezernat Personal & Organisation, Sachgebiet AwP).

Date of receipt

To be filled in by the relevant administrator only.

! Payment for travel expenses must be requested within a period of six months after the trip has been completed.

Information on the traveller

Surname, given name		E-Mail
Address		
Staff group (only for UDE staff)	Organisational unit (only for UDE staff)	Distance between the residence and the place of work (only for UDE staff) km
Bank details		
IBAN		BIC
Name of the bank		
<input type="checkbox"/> I have a BahnCard discount card or a monthly subscription ticket		
Type of BahnCard discount card or monthly subscription ticket	Valid until	

General information on the trip

Destination and reason for the trip (please attach invitation, agenda, etc.)		
	Date	Time
Departure from <input type="checkbox"/> Residence <input type="checkbox"/> Place of work		
Border crossed on outward journey (only in cases of trips abroad)		
Start of the work commitment		
End of the work commitment		
Border crossed on return journey (only in cases of trips abroad)		
Arrival at the <input type="checkbox"/> Residence <input type="checkbox"/> Place of work		

Travel expenses

Please provide reasons or explanations (on a separate page if necessary) for all expenses marked with an *.

<input type="checkbox"/> Public transport fees .....	.....	€
<input type="checkbox"/> Costs for train tickets (outward and return journey) incl. fees .....	.....	€
<input type="checkbox"/> Costs for plane tickets (outward and return journey) incl. fees .....	.....	€
<input type="checkbox"/> Costs for a rental car * .....	.....	€
<input type="checkbox"/> Taxi costs .....	.....	€
<input type="checkbox"/> Use of a private vehicle (outward and return journey) .....	.....	km
<input type="checkbox"/> Individuals taken along in a private vehicle		
1. Surname, given name .....	.....	km
2. Surname, given name .....	.....	km
3. Surname, given name .....	.....	km
<input type="checkbox"/> Use of a private bicycle or motorised two-wheeled vehicle .....	.....	km
<input type="checkbox"/> Participation fees .....	.....	€
<input type="checkbox"/> Accommodation costs .....	.....	€
<input type="checkbox"/> Free overnight stays *(e.g. private accommodation, own flat, included in other expenses)	.....	€
<input type="checkbox"/> Other additional costs *	.....	€
<input type="checkbox"/> Free meals (e.g. included in hotel/flight prices or participation fee)	.....	€

Date	Breakfast	Lunch	Dinner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I have received an advance payment/allowance from a third party to the amount of €

* Reasons

I duly confirm that the information I have provided is accurate and complete. I have attached the relevant receipts

.....
Date

.....
(Digital) signature of the **person submitting the request**