Otto-Friedrich-Universität Bamberg

Travel Expense Report   submit to Referat III/2, K 20/22

Name:	**Personnel number:**
First name:	
BIC:	**Faculty/Institution/Department:**
IBAN:	Phone extension in case of questions:
Budget section/title:	**Cost unit:**

☐ I have received a separation allowance for the time period mentioned below. Grant letter from LfF enclosed.

Travel date on/from   until
to (postcode, city, country)

I have already received an advance payment in the amount of **EUR**   by the university of Bamberg *(copy enclosed)*.

The following costs have already been paid by the University of Bamberg on submission of a regular invoice (i.e. flight tickets, train tickets, conference fees, hotel bill or the like) *(copies enclosed)*: **EUR**

I have received ☐ an advance payment / ☐ a honorarium/speaker's fee in the amount of **EUR**   by a third party *(receipt enclosed).*

	Costs paid in advance:
Start of journey:	**1. Travel costs in EURO**
	Train *(enclose schedule, tickets)*: **EUR**
Date Time	**Bus/Underground/Tramway** *(enclose tickets)*: **EUR**
Departure by: ☐ Car ☐ Train ☐ Airplane ☐ Other ☐ Co-passenger ride with	**Flight** *(enclose flight schedule, boarding passes)*: **EUR** **Outbound flight:** Time: Departure , stopover/s arrival departure , arrival ; total flight time hours. Time difference hours. **Return flight:** Time: Departure , stopover/s arrival departure , arrival ; total flight time hours.
Point of departure Via **Point of arrival** *(please enter full addresses)*	**Private car**: no. of **kilometres** travelled on business**:** *Give valid reasons for using a private car:*
	Fellow business traveller(s) *(name(s) and actual kilometre(s)):*
Return by: ☐ Car ☐ Train ☐ Airplane ☐ Other ☐ Co-passenger ride with	Other means of transport: **EUR**
	Costs for taxi cabs: **EUR** **, give valid reasons for using taxi cab***:*
Point of departure Via **Point of arrival** *(please enter full addresses)*	**Border crossing points** for business trips abroad *(for flights: **arrival airport** = border crossing point):*

	Border point	Date	Time
Departure:			
Return:			

End of journey:

Date   Time

Purpose of business trip and details *(conference/seminar programme enclosed)*:	**2. Accommodation costs in EURO**
	Waiving of reimbursement: ☐ no, ☐ yes, for nights
	Lump sum payment: ☐ no, ☐ yes, for nights
Start of official business: Date Time	**Accommodation costs** as per receipt: from until **EUR** *Give reasons for accommodation costs exceeding €90 per night i.e. € 120 in cities with more than 300,000 inhabitants within Germany. For travels abroad check the internet for travel cost information:*
Ende of official business: Date Time	**3. Daily allowances/meal costs in EURO**
	Waiving of reimbursement: ☐ no, ☐ yes, for days
	Daily lump sum allowance: for days
Travel information, additional explanations (use extra page if necessary):	The following meals (F=breakfast, M=lunch, A=dinner) have been provided during the business trip, or were included in the attendance fee, the accommodation costs (e.g. hotel), in the costs for flights or other means of transport, or have been provided by third parties on the following days. Date, meals: ☐ no free-of-charge meals, date: If no information is given, we assume that all meals have been provided.
	4. Further expenses in EURO
	Other: **EUR**

I hereby confirm that the information given in this form is true, complete and accurate. All expenses are related solely to my personal travel costs, not to costs of other persons (i.e. fellow travellers, spouses etcetera). I have paid all of the expenses that I have included in above form myself. I am aware that by providing any false information I may be subject to measures of disciplinary or employment law.

All original receipts are enclosed.

Original Travel Request / Travel Assignment Form is enclosed.

Bamberg, date

_____
Signature of applicant

_____
Ref. III/2 Date, administrative assistant