

## Travel Expense Report

To: Travel Expenses Office, Paderborn University, 33095 Paderborn, Germany

Phone +49 (0)5251 60-2537 and -2764

(Surname, first name)

Phone: \_\_\_\_\_

**General ledger acc. no.:** (9 digits)

Email: \_\_\_\_\_

1. AO with  % of expenses:

Cc: \_\_\_\_\_

2. AO with  % of expenses:

I have received a subsidy/allowance from a third party in the amount of \_\_\_\_\_ EUR.

Faculty/Institution: \_\_\_\_\_

 AO is the same as stated on the business trip approval document AO is not the same as stated on the business trip approval document The accumulated travel costs are to be charged to this AO

Please provide a written explanation on a separate page including name (please print) and signature, of person responsible for the budget

Workplace/Department \_\_\_\_\_

Place of employment \_\_\_\_\_

Business location \_\_\_\_\_

Place of residence \_\_\_\_\_

Please remit the reimbursement amount to the following **bank account in Germany or Europe**

IBAN \_\_\_\_\_

BIC Code \_\_\_\_\_

Please remit the reimbursement amount to the following **foreign bank account**

Country \_\_\_\_\_

Name of bank \_\_\_\_\_

Address of bank \_\_\_\_\_

Postal code and city \_\_\_\_\_

Account no. \_\_\_\_\_

Routing no. \_\_\_\_\_

ABA no. (e.g. for USA bank) \_\_\_\_\_

Account holder (name) \_\_\_\_\_

**For foreign citizens:**Please provide your **complete home address!**

Street \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

I confirm that I incurred and paid for the expenses listed here. I confirm that the information I have provided here is true and accurate.

(City, Date)

(Signature of Traveller)

- To be completed by the Determination office -

**Reimbursement amount**

Travel expenses to be reimbursed based on the list on the reverse side: \_\_\_\_\_ EUR

Advance payment received  EUR \_\_\_\_\_ EUR**Reimbursement amount if applicable Recovery amount** \_\_\_\_\_ EURMathematically correct \_\_\_\_\_  
(Travel Expenses Office)Factually correct \_\_\_\_\_  
(qualified/authorised person)**To be completed by Department 1: Document number**

Information about the business trip Provide details using the following table		Days accounted for		Transport expenses Sec. 4 LRKG	Mileage allowance Sec. 5 (1) LRKG	Allowance for accompanying passengers Sec. 5 (2) LRKG	Incidental costs Sec. 8 LRKG
a) Departure 1. Date 2. Time	a) Departed by .... from .... to .... b) Start, end and reason for business trip c) <b>Required information</b> on free services during the trip 1) single meals    2) full board 3) accommodation at d) Overnight accommodation in your own residence	Daily allowance Sec. 6 (1) LRKG	Overnight accommodation Sec. 7 LRKG	a) Ticket	a) Privately owned car (use for valid reasons) (35 cent per km) Amount applies from 01 January 2023 to 31 December 2024	a) Number of accompanying passengers b) Business materials/ items above 40kg c) km per accompanying passenger/business materials (5 cent per km) d) Car trailer (10 cent per km)	Please provide additional information in column 2 and include documentation
				b) Rented car/Taxi			
b) Return 1. Date 2. Time	e) Other passengers in your car f) Other information e.g. Reasons for incidental costs; <b>If Taxis are used, a reason must always be provided</b> g) Return trip by .... from .... to ....			c) Sleeping berth ticket			
				d) Seat reservation			
				f) Plane ticket			
				Amount	km	number / km	Amount
1	2	3	4	5	6	7	8
		Total Carry over (if needed)					
				Column 3			
				Column 4	Nights at	EUR	
				Column 5			
				Column 6			
				Column 7	km at	cent	
1. AO _____ with _____ € ( _____ %)							
2. AO _____ with _____ € ( _____ %)							
<b>Reimbursement amount</b>							

Please remember to include your original business trip approval document and signature!

To be completed by Department 1: Document number and split accounts for booking