

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES (as at 01.07.2018)
 An den Kanzler der Rheinischen Friedrich-Wilhelms-Universität Bonn, Abteilung 3.1 - Reisekosten

Title(s)		Address of Bank:
Surname, First Name		Account Number:
University ID-Number		Bank Code:
Phone (Office)		IBAN:
Email (Office)		BIC:

I received payment in advance gratuity from third party representation allowance to the amount of: _____ €

I hereby certify that all information provided are correct and complete. I also confirm that I have personally incurred the expenditure.

_____ Place, Date, Signature of Claimant

TRAVEL			
Destination (Place, Country):			
Purpose of Journey:		Journey authorised by:	
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Different Place (please explain in "Additional Information")			
Departure	Date:	Time:	
Arrival at Business Location	Date:	Time:	
Beginning of Business Activities	Date:	Time:	
End of Business Activities	Date:	Time:	
Beginning of Return Journey	Date:	Time:	
Border crossing* (return flight only)	Date:	Time:	
Arrival on / End of the Journey	Date:	Time:	
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Different Place (please explain in "Additional Information")			

* travel by airplane: time of landing (local time)

EXPENSES INCURRED (please number the supporting original receipts)			
	Euro	Foreign Currency	Receipt(s)
Accommodation:	€		Nr.
Train Ticket §5/§16 LRKG NRW:	€		Nr.
Flight §5/§16 LRKG NRW, please explain in "compelling ...etc.":	€		Nr.
Taxi, please explain in "compelling reasons for...etc.":	€		Nr.
Public Transport §5/§16 LRKG NRW:	€		Nr.
Additional Travel Expenses §5/§16 LRKG NRW:	€		Nr.
Registration Fee etc.:	€		Nr.
Other Additional Expenses:	€		Nr.

ADDITIONAL INFORMATION WHICH MIGHT INFLUENCE TRAVEL ALLOWANCES

Private person(s) accompanied me: Yes No Number of Private Person(s): _____

Free Meals (e.g. during the flight(s); bed and breakfast hotel; registration fee included board):



Breakfast: Day of Arrival Other Days Number: _____ Day of Departure

Lunch: Day of Arrival Other Days Number: _____ Day of Departure

Dinner: Day of Arrival Other Days Number: _____ Day of Departure

MILEAGE REIMBURSEMENT §6 Abs. 1-3 LRKG		Reimbursement for Accompanying business Passengers	
Motor Vehicle <input type="checkbox"/> Using own private motor vehicle official or private compelling reasons (please explain in „compelling reasons for... etc.“) <input type="checkbox"/> Using own private motor vehicle without any official or private compelling reasons <input type="checkbox"/> Using university car (without km indication) Private Car: _____ km Powered Two-Wheeler: _____ km Bike: _____ km	Surname, First Name	Kilometer	
		km driven with baggage exceeding 40kg:	
Full Mailing Address:	I own a		
Place of Employment:	Monthly Ticket	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Ticket for Major Customer/ Job Ticket / Student Ticket	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	BahnCard 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Valid till: _____		
Distance from home to office: _____ km	Distance from home to the nearby train station: _____ km		

ADDITIONAL STATEMENT	
<input type="checkbox"/> Compelling reasons for travelling by airplane, private car, taxi or rental car:	
<input type="checkbox"/> Additional Information:	

CONFIRMATION BY MANAGEMENT IN CHARGE OF THE BUDGET	
<input type="checkbox"/> No Daily Allowance	<input type="checkbox"/> Lump-Sum for Accommodation (in case no accommodation costs occurred or not covered by third party)
<input type="checkbox"/> Maximum Reimbursement _____ €	<input type="checkbox"/> Deduction of Input Tax will be submitted
Additional Information:	
Sachlich richtig  _____ 	
Date, Signature of budget manager	