



CLAIM FOR TRAVEL EXPENSES

PLEASE COMPLETE IN BLOCK LETTERS!

Proposal number / Subject of discussion: _____

Full name: _____ Local contact/
Dialog partner: _____

E-Mail: _____

Institution: _____

Address: _____

Arrival: _____ Departure: _____

Fees (more information see below)

Ticket fee / driven kilometers: _____ € _____

Extra charges: _____ € _____

Accommodation: _____ € _____

Bank details (more information see below)

Bank name: _____

BIC (Swift code): _____ IBAN: _____

Account holder (full name): _____

Date of birth: _____ Tax ID: _____

Private address: _____

TO BE COMPLETED BY FRM II

Daily Allowance: _____ € _____

Total amount: € _____

Verbuchen Auftrag: _____ Fonds: _____

Sachlich richtig Datum: _____ Unterschrift: _____

Buchungsdatum: _____ Beleg-Nr: _____

Please note:

Only in case of driven kilometers: Please attach a google maps route planner overview.

Extra charges: All costs claimed must be supported by receipts. Catering costs will not be reimbursed.

Bank details: Transfers are only possible if the applicant's full name, private address, date of birth and private tax number are stated!