

Travel Expense Report

To: Travel Department, 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: _____

Generell business travel approval is available

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. _____

BIC _____

Routing no./ABA no. _____

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

Reimbursement amount if applicable Recovery amount _____ EURMathematically correct _____
(Travel Department)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 RKG NRW	Mileage allowance Sec. 5 (1) RKG NRW	Allowance for accompanying passengers Sec. 5 (2) RKG NRW	Incidental costs Sec. 8 RKG NRW
a) Departure 1. Date 2. Time b) Return 1. Date 2. Time	a) Departed by from to b) Start, end and reason for business trip c) Required information on free services during the trip 1) single meals 2) full board 3) accommodation at d) Overnight accommodation in your own residence e) Other passengers in your car f) Other information e.g. Reasons for incidental costs; If Taxis are used, a reason must always be provided g) Return trip by from to	Daily allowance Sec. 6 (1) RKG NRW	Overnight accommodation Sec. 7 RKG NRW a) SR b) DR c) standart amount	a) Ticket b) Rented car/Taxi c) Sleeping berth ticket d) Seat reservation e) Travel expenses at the workplace, place of residence and place of business f) Plane ticket	a) Privately owned car (use for valid reasons) (35 cent per km) Amount applies from 01 January 2023 to 31 December 2024 b) Privately owned two-wheeled motor vehicle/bicycle (23 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
				Amount	km	number / km	
1	2	3	4	5	6	7	8
Total Carry over (if needed)							
		Column 3 Column 4 Nights at Column 5 Column 6 Column 7 km at			EUR cent		
1. AO _____ with _____ € (_____ %)							
2. AO _____ with _____ € (_____ %)							
Reimbursement amount							

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