

### Travel Expense Report

To: Travel Departement, 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:

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

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

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 \_\_\_\_\_ EUR

**Reimbursement amount if applicable Recovery amount** \_\_\_\_\_ EUR

Mathematically 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) <b>Departure</b>	a) Departed by .... from .... to .... b) Start, end and reason for business trip	Daily allowance  Sec. 6 (1) RKG NRW	Overnight accommodation  Sec. 7 RKG NRW	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	Please provide additional information in column 2 and include documentation
1. Date	c) <b>Required information</b> on free services during the trip 1) single meals    2) full board 3) accommodation at			b) Rented car/Taxi			
2. Time	d) Overnight accommodation in your own residence	a) SR	d) Seat reservation	c) km per accompanying passenger/busin ess materials (5 cent per km)			
b) <b>Return</b>	e) Other passengers in your car	b) DR	e) Travel expenses at the workplace, place of residence and place of business	d) Car trailer (10 cent per km)			
1. Date	f) Other information e.g. Reasons for incidental costs; <b>If Taxis are used, a reason must always be provided</b>	c) standart amount	f) Plane ticket	Amount	km	number / km	Amount
2. Time	g) Return trip by .... from .... to ....						
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 _____ € ( _____ %)							
						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