|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 07 Recipient (LAST NAME, first name) -35- | | | | **Payment authorization for**  **Travel expenses**  **To Staatsoberkasse Bayern**  **in Landshut** | | | | |  | |  |  |  | |  | Receipt no. |
|  | | | |  | |  | *Receipt*  *stamp*  *from University Administration*  *Office P 6* |  | |  |
| 08 Street, no. -35- | | | |
|  | | | | TL no. |
| 09 Postcode, city -32- | | | |  | |  |  |  | |  |
|  | | | |
| LfF reference number (see salary statement) | | | |
|  | | | |
| E-mail address or telephone number in case of questions | | | | 14 Recipient payment reference -27- | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Department (full address)  Office of Equality and Diversity  Bismarckstraße 6  91054 Erlangen | | | | 11 Bank’s abbreviated name | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 12 IBAN -34 | | | | | | 13 BIC -11 | | | | | | |
|  | | | | | |  | | | | | | |
| 01 Processing location -17- | | | | | | 02 Account number -14- | | | | | | |
| **1519 547 73-0** | | | | | | **150 001-6** | | | | | | |
| 01 a Cost type | | [Cost center](https://www.idm.fau.de/dip/costcenter/costcenter) | | | | 05 Sum (EUR) | | | | 10 Payment method  1 = Cash  2 = Postal order  5 = Internal transfer | | |
|  | | **150 214 0000** | | | |  | | | |
| 04 HÜL-A no. -6- | | Initials | | | | 21 Deposit -13- | | | | | | |
|  | |  | | | |  | | | | | | |
| 22 Installment code | | 1 = First installment  2 = Additional installment payments  9 = Final payment | | 03 Installment no. -7- | | | | | | 23 Total installment payments (EUR) | | | | | | |
|  | |  | | | | | |  | | | | | | |
| Fiscal period | 15 Date due | | | Amount of sum 5 in words (over EUR 1000) | | | | | | | | | | | | |
| **2019** |  | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| The following must be attached to this report:   * Completed and signed original business travel authorization form * Original receipts, tickets, etc.   The following should be attached to this report if applicable:   * Evidence of partial payments/advance payments made by the employer * Reasons for using taxis, canceling/changing reservations, exceeding maximum accommodation price * Credit card bill * Quotations (e.g. flight, accommodation)   Only complete applications will be processed (shaded fields on  both sides).  The claim to reimbursement of travel expenses expires if it is not asserted within six months (Section 3 (5) BayRKG). | | | | | | | | | | | | | | | | |
| The attached draft travel expense report and original travel expense documents are required for entry in the system for financial and material expense administration.  The travel expenses office requests that the original attached travel expense report is also given to employees on business trips.  Employee was given report on: ……………………………………… Initials: ………………………… | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Factually and mathematically correct  Erlangen/Nuremberg, ........................... .................................................................. | | | | | | | **Audit certificate** (VV No. 8.1/Section 79 BayHO)::  1. Audited  2. To be paid out/to be offset against | | | | | | | | | |
| Signature (VV nos. 6 to 9 and 10.4. Section 70 BayHO) | | | | | | |  |  | | Cost centre: | | | | ASt no. | | |
| The sum is to be paid and entered into the accounts as stated above. | | | | | | |  |  | |  | | | |  | | |
|  |  | |  | | | |  | | |
| Erlangen/Nuremberg, ........................... | | | | | | |  | \* | |  | | | |  | | |
| .........................................................................................................  Signature of authorized person (VV no. 10 Section 70 BayHO): | | | | | | | Bh \_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_\_  *\*continue overleaf if necessary* | | | | | | | | | |
| **Amount received**   in cash  by check from ........................... | | | Paid out by | |  internal transfer   direct debit   * bank transfer | | Receipt stamp of the cashier’s office | | | | | | | | | |
| ..............................................................  Place, date, signature | | | Date ................................ | | Bank  ................................ | |
|  | | | Signature: ................................ | | | |

***Only complete applications can be processed. The shaded fields on the front***

***must be filled in as well. The claim to reimbursement of travel expenses expires if it is not asserted within six months (Section 3 (5) BayRKG).***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Travel expenses report | | | | | | | | | | | | | | | *(please* ***enclose all original receipts*** *and the* ***original business travel authorization****)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Journey** from office or  home  other location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| by  train  own car  flight | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| on |  |  | | |  | | | at | | | |  | | | | | | h | | | Destination: | | | | |  | | | | | | | | | | | | | | | |
| Arrival date | | | |  | | |  | | |  | | | | at | |  | | | | h | | | | | | *(Please enclose additional sheet if more than one destination).* | | | | | | | | | | | | | | | |
| Travel abroad: border crossing or landing at first airport in destination country on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | at | |  | h |
| Start of work/official business at the **destination** (date): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | at | |  | h |
| End of work/official business at the **destination** (date): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | at | |  | h |
| **Return journey** to | | | | | | |  | | | | | | | | | | | | | | | | | | | by  train  own car  flight | | | | | | | | | | | | |  | | |
| on |  |  | | | |  | | | at | | |  | | | | | | h | | | | | | | | Arrival date | | | | | | | |  |  | |  | at | |  | h |
| **1 a. Daily allowance** | | | | | | | | | | | | | Daily allowance waived | | | | | | | | | | | | | Personal visit | | | | | | | |  | | | Days | | | | |
| ***Only for flights:*** | | | | | | | | | | | | | **No** meals were offered during the flight | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Only in case of travel abroad:*** | | | | | | | | | | | | | Eating at a staff canteen was an option. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1 b. Free meals/meals during flights**  *(please fill in date and cross as appropriate – even when waiving the daily allowance):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| from/on | | | | | | | | | | | | | | | | | | | Morning | | | | Lunch | | Evening | | | | | Incl. in participation fee | | | | | | Paid/booked by FAU. | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | |  | | | | | |  | | | | | |
| **2. Expenses for overnight accommodation** | | | | | | | | | | | | | | | | | already paid by: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Number of nights: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Per diem or | | | | | | | | | | | invoice: | | | | | | | | | | |  | | | | | | | EUR | | | Breakfast was **not** included in the price | | | | | | | | | |
| It was necessary to book accommodation that exceeded the accommodation rates for official reasons  (e.g. hotel needed to be in close proximity to place of business; in order to save high travel costs;  less expensive accommodation unavailable). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accommodation in own flat (also secondary residence) in | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | on (date): | |  | | | | | | |
| Free accommodation (e.g. invitation by project partner) on (date): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **3rd Transportation costs (good reasons must given for the use of taxis)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Train: | | |  | | | | | | | | | | | | | | | | | | | EUR | | Public transport: | | | | | | | | | | |  | | | | | | EUR |
| Hired vehicle: | | |  | | | | | | | | | | | | | | | | | | | EUR | | Other mode of transport/taxi: | | | | | | | | | | |  | | | | | | EUR |
| Flight: | | |  | | | | | | | | | | | | | | | | | | | EUR | | other: | | | | | | | | | | |  | | | | | | |
| Private vehicle: | | | | | | | | Car  Motorcycle  Moped  Bicycle | | | | | | | | | | | | | | | | | | | | | | | | **km** driven: | | |  | | | | | | |
| If there were legitimate reasons for using a taxi/private vehicle (also when going to the airport),  flying business class or reserving a seat on the plane please include a separate sheet stating why this was necessary for business purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Car pool compensation:** employees taken on business trips in your car *(****employees of the Free State of Bavaria only****):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s): | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | km |
| Name(s): | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | km |
| **4.** **Additional expenses** *Please state your reasons for buying a BahnCard Business and for business-related use of telephones/Internet.*  *Add extra page if necessary. Please enter this information even if your department paid these expenses in advance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | EUR |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | EUR |
| **5.** ***Partial payment*** *received (please attach a copy of the payment receipt)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | EUR |
| **6.**  **Costs** were paid directly by the **department or a third-party**.  *(please attach receipts)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | EUR |
| I confirm that the above information is correct. The expenses I have stated above were in fact incurred.  Erlangen/Nuremberg,       .......................................................................................................  Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby confirm that I agree to my travel expense report being sent to me by the travel expenses office via unencrypted e-mail. If yes, please provide e-mail address on the front. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |