|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 DiversityBismarckstraße 691054 Erlangen                | 11 Bank’s abbreviated name |
|  |
| 12 IBAN -34 | 13 BIC -11 |
|  |  |
| 01 Processing location -17- | 02 Account number -14- |
| **1519 547 73-0** | **140 001-9** |
| 01 a Cost type | [Cost center](https://www.idm.fau.de/dip/costcenter/costcenter) | 05 Sum (EUR) | 10 Payment method1 = Cash2 = Postal order5 = Internal transfer |
|  | **140 214 0000** |  |
| 04 HÜL-A no. -6- | Initials | 21 Deposit -13- |
|  |  |  |
| 22 Installment code | 1 = First installment2 = Additional installment payments9 = 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 onboth 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 correctErlangen/Nuremberg, ........................... .................................................................. | **Audit certificate** (VV No. 8.1/Section 79 BayHO)::1. Audited2. To be paid out/to be offset against |
|  Signature (VV nos. 6 to 9 and 10.4. Section 70 BayHO) |  | Bh | Cost center: | 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).***

|  |  |
| --- | --- |
| 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): |       |
| **3. 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 |
|        |        |  EUR |
|        |        |  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. |