Travel expense claim

To: Team Dienstreisen – 741 – Mittelweg 177 per -HAUSPOST-

Staff number (ID)	Last Name *	First Name *	
Faculty/Department	Home Address	Family Status [4]	Own household?
Place of Work / Office: * (incl. street and house number)		Telephone Number:	

This trip was assigned/authorized on: by:

Compensation for this trip will be funded out of **cost center or WBS element** *

as ◯ work-related travel (Section 2 subsection 2 HmbRKG)

◯ work-related travel for the purpose of (professional) training primarily in the interests of present job in accordance with Section 23 subsection 2 HmbRKG

◯ work-related travel for the purpose of (professional) training not primarily in the interests of present job in accordance with Section 23 subsection 3 HmbRKG

I hereby request compensation for expenses to be transferred to the bank account below:

IBAN		**BIC**	

Commencement of trip From: ◯ residence To: _____

◯ place of work Date: _____ Time: _____

Transportation: ☐ personal car ☐ company car ☐ train[3] ☐ airplane[3] ☐ other: _____

Commencement of official work

Date: _____ Time: _____

End of work-related travel

Date: _____ Time: _____

Return To: ◯ residence

◯ place of work Date: _____ Time: _____

Transportation: ☐ personal car ☐ company car ☐ train[3] ☐ airplane[3] ☐ other: _____

Did work-related travel include travel for private purposes? ◯ yes ◯ no

If yes: **Commencement of travel for private purposes:** Date Time Place **End of travel for private purposes:** date, time, place: Date Time Place

Costs ◯ For a domestic trip ◯ For a trip abroad

Daily allowance applied for (depending upon length of absence) [4] ◯ yes ◯ no **<<< Compensation upon application only!**

Did you use the cafeteria? ◯ yes ◯ no

Necessary overnight stays: number of nights: _____ **<<< Compensation upon application only!**

of which lump sum overnight pay expenses without receipt [1] number of nights: _____ _____ €

of which overnight stay expenses with receipt [1] number of nights: _____ _____ €

of which overnight stay without expenses [1] number of nights: _____

Incl. breakfast? ◯ yes ◯ no breakfast on _____ days

Transportation expenses:

☐ transport pass/ticket, plane ticket, etc. class [2;5]: _____ _____ €

☐ surcharge and/or "Platzkarte" _____ €

☐ bahncard [2] _____ €

☐ travel costs at place of work [2] _____ €

☐ travel costs at place of business [2] _____ €

☐ motor vehicle reimbursement allowance for _____ km _____ €

☐ motor vehicle use for a material business purpose [1;5]

☐ passenger allowance: _____ km

for _____ accompanying work-related travelers [1] _____ €

Additional Expenses:

☐ seminar/workshop/conference fees _____ €

☐ toll/ferry/rental car/taxi [5] _____ €

☐ VISA _____ €

☐ other: _____ €

Subtotal 1 **0,00** €

* Mandatory information

[1] Please provide additional information on Page 2.

[2] Please include original receipts.

[3] Please see explanation on Page 2.

[4] For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.

[5] Compensation is not possible without a compelling reason.

Deductions

I have already received a deduction / an advance (amount):		€
An advance was paid by a third party (amount):		€

Free accommodation at ____ days

Free meals at ____ days

Meals in airplane ◯ yes ◯ no

number of meals

Subtotal 2 0,00 €

(Subtotal 1 - Subtotal 2) **Overall travel costs** **0,00 € incl. daily allowance**

I use a HVV-Zeitfahrausweis (Hamburg public transport pass) to travel to my place of work ◯ yes ◯ no

I have a BahnCard ◯ 25 ◯ 50 ◯ 100 ◯ privat ◯ business

I request a WP number for EU projects only / Please provide WP title and type of activity:

1) Comments

E.g., description of business; reasons for using car/taxi/airplane; names, places of work and mileage (in km) for each accompanying passenger; reasons for necessity of overnight stay expenses, incidentals; list of free meals

2) Declaration

Did you use the bonus program of an airline or the Deutsche Bahn AG for your trip?

◯ yes ◯ no

If yes: What benefits/credit do you expect to receive?

Please note: You may only use these benefits / this credit in agreement with your responsible office (travel expense office).

I hereby affirm the accuracy of my information and that I actually incurred the expenses specified herein.
The requisite receipts and vouchers are enclosed. I acknowledge that insufficient and/or missing receipts or vouchers may result in a reduction of any reimbursement of costs.

Place, Date: _____ Signature: _____

*) Mandatory information
1) Please provide additional information on Page 2.
2) Please include original receipts.
3) Please see explanation on Page 2.
4) For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.
5) Compensation is not possible without a compelling reason.

>>> If expenses are to be settled out of another cost account / WBS element (deviation from work-related travel authorization), the office responsible for resources must release funds! <<<

Date / Signature: _____

Name of person(s) responsible for resources

Person(s) responsible for resources