

## Travel Expense Report

To: Travel Office, 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. \_\_\_\_\_

Routing no. \_\_\_\_\_

ABA no. (e.g. for USA bank) \_\_\_\_\_

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** \_\_\_\_\_ EURMathematically correct \_\_\_\_\_  
(Travel Office)Factually correct \_\_\_\_\_  
(qualified/authorised person)**To be completed by Department 1: Document number**

