Please note that **ONLY** the German version of this document is legally binding and has to be signed. The English translation is provided to help you fill out the original German document.

, ,	T NAME, first name) -35-	Payment auth Travel expens	for		Receipt stamp				
08 Street, house number -35-			An die Staats ern	e Bay-	of the L Ad	Iniversity min. rat P 6	TL no.		
09 Postcode, city -	32-		in Landshut						
LfF reference num	ber (see salary statement)								
E-mail address or	telephone number in case of	questions	14 Recipient paym	nent referenc	e -27-				
Department (full a	address)		11 Bank's abbrevi	ated name					
			12 IBAN -34			13 BIC -11	_		
			12 IBAN -34			10 010 -11	_		
			01 Processing loc	ation -17-		02 Accour	nt number -	14-	
			01 a Cost type	Cost centre	<u> </u>	05 Sum (E	UR)	10 Payment method	
								1 = Cash 2 = Postal order 5 = Internal transfer	
			04 HÜL-A no6-	Initials		21 Deposit	t -13-		
22 Instalment code	1 = First payment 2 = Additional instal 9 = Final payment	Iment payments	03 Instalment no.		23				
Fiscal period	15 Date due		Amount of sum 5 i	n words (ove	er EUR 1000))			
- Evidence - Reasons - Credit ca - Quotatio Only complete The claim to re The attached of tem. The trave business	ans (e.g. flight, accommon applications will be pro- imbursement of travel elements are reported to the common applications will be pro- imbursement of travel expense reported expenses office requestions.	dvance paymenting/changing resolution) cessed (shaded expenses expired ort and original fests that the	ts made by the eservations, excell fields on both as if it is not asset travel expense a ginal attached tr	eeding massides). erted withing documents avel expense	n six mor s are requ	iths (Section	n 3 (5) Barry into the	ayRKG). e FSV sys- ployees on	
Factually and math	nematically correct			Audit certificate (VV No. 8.1/Section 79 BayHO)::					
Erlangen/Nurembe	on 70 BayHO)	1. Audited 2. To be pa	aid out/to be o		st ASt no.				
The sum is to be p	aid and entered into the acco	unts as stated abov	/e.			partificit			
Erlangen/Nuremberg,					Bh	Initials			
	rised person (VV no. 10 Secti								
Amount received in cash		Paid out by	internal direct de	ebit	Receipt sta	amp of the cas	hier's office	÷	
	e from	Date	☐ bank tra Bank	nster					
Place, date, signat	rure								
		Signature:			I				

Only fully filled out forms 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			t ((please enclose all original receipts and the original business travel authorisation)													
Journey from office or				☐ home ☐ other location:													
by ☐ train ☐ own car ☐ flight																	
on		at		h	Desti	nati	on:										
Arrival date at h (Please enclose an additional sheet if more than one destination.																	
Travel abro	oad: bo	order cross	sing or	r landing a	at first a	irpo	rt in	destina	tion co	untry	on				at		h
Start of work/official business at the destination (date):											at		h				
End of wor	rk/offici	al busines	s at th	ne destin a	ation (d	ate)):								at		h
Return jou	urney							by 🗌	train		own ca	ar		light			
on		at		h				Arriva							at		h
1 a. Daily		nce		aily allowa					rsonal	visit				Days			
Only for f				<u>o</u> meals w													
Only trave				ating at a	staff car	ntee	n wa	as an op	tion								
1 b. Free i			•	•													
(please fill in date and cross as appropriate – even when waiving the daily allowance):																	
from/on Morn- Lunch Even- Incl. in participation fee Paid/booked by FAU.										J.							
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					HH		H	$+ \exists$								<u></u>	
					H			$+$ $\overline{\Box}$									-
2. Overnig	aht acc	ommodat	tion	alrea	ady paic	d by	<u></u> :									_	
Number of																	
☐ Per die			nvoice	 :					EUR		Breakfa	ast wa	s no	t inclu	ded in	n the pric	e
☐ It was r	necess	ary to bool	k accc	mmodatio	on that e	ехсе	eede	d the a	ccomm							<u> </u>	
_		led to be in	close p	proximity to	place o	f bus	sines	s; in ord	er to sa	ve higl	n travel	costs;l	ess e	expensiv	e acc	commodat	ion
unavailable	<u> </u>		G ()														
		on in own										on:					
		odation (e				<u> </u>		•		•••							
3. Transpo	ortatio	n costs (g	jood r	reasons n		ven	_			(IS)							FUD
Train:					EUR			olic tran	•	nonor	+/+ovi:						EUR
Hire car:							ner mode of transport/taxi:									EUR	
Flight: Private vel	hiclo:	☐ Car		Motorcycle		204	oth	Bicycl	`	km	driven:						
		egitimate r					 _ate\						irno	rt\			
		s class or			-	-			•					•	his w	vas neces	ssarv
Car pool																	
ly):	•			,						` •	•						
Name(s):																	km
Name(s):																	km
4. Additio		-		-													of tele-
phones/Inte	ernet. Ac	ld extra pag	e if ne	cessary. P	lease en	ter t	his ir	nformatio	n even	if your	departr	nent ha	as pa	aid these	e exp	enses	l =
																	EUR
																	EUR
5 D D - 41					<u> </u>					,							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 th	hat the	above info	ormati	on is corre	ect. The	exp	pens	es I hav	e state	ed abo	ove wer	re in fa	act ir	ncurred			
Erlangen/N	Nuremb	perg,					 Si	 gnature									

yptou oa yo	at I agree to my trav es, please provide e	Thail address of	T the front.		