Date state: January 2024

To: Trav	I el Office, Paderborn University, 33095 Paderborn	ravel Expense Report	Phone +49 (0)5251 60-2537 and -2764					
10. 114	rei Office, i aderborii Offiversity, 33033 i aderbori	i, Germany	1 Hone 10 (0)0201 00 2007 and 2701					
(Surna	me, first name)		Phone:					
Gene	ral ledger acc. no.: (9 digits)		Email:					
1. AO	with % of expenses:							
2. AO	with % of expenses:							
I have	received a subsidy/allowance from a third pa	rty in the amount of EUR.	Faculty/Institution:					
G	Generell business travel approval is available							
А	O is the same as stated on the business trip appr	oval document AO						
	s not the same as stated on the business trip appr		Please provide a written explanation on a separate page including name (please print) and					
	he accumulated travel costs are to be charged to	<u> </u>	signature of person responsible for the budget					
Workp	lace/Department		Please remit the reimbursement amount to the following bank account in Germany or Europe					
Place	of employment	IBAN	IBAN					
Busine	ess location	BIC Code	BIC Code					
Place	of residence	Please remit the reimbu	urcoment amount to the following foreign bank					
		account	Please remit the reimbursement amount to the following foreign bank account					
		Country						
		Name of bank						
		Address of bank						
	reign citizens: provide your complete home address!	Postal code and city						
Stre			Account no.					
City			Routing no.  ABA no. (e.g. for USA bank)					
Cou	intry	Account holder (name)	· · · · · · · · · · · · · · · · · · ·					
			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)					
- <u>90</u>	Reimbursement amount							
be completed by the Determination office	Travel expenses to be reimbursed based	EUR						
etermina	Advance payment received	EUR						
by the [	Reimbursement amount if applicable R	EUR						
pleted	Mathematically correct	(Travel Office)						
е сош								
- To b	Factually correct	(qualified/authorised persor	)					
Tol	pe completed by Department 1: Docum	ent number						

	Information about the business to Provide details using the following		Days account	ed for	Transport expenses Sec. 4 RKG NRW	Mileage allowance Sec. 5 (1) RKG NRW	Allowance for accompanying passengers Sec. 5 (2) RKG NRW	Incidental costs Sec. 8 RKG NRW
a) Departure  1. Date 2. Time  b) Return  1. Date 2. Time	a) Departed by from to b) Start, end and reason for business trip c) Required information on free services during 1) single meals 2) full board 3) accommodation at d) Overnight accommodation in your own residence e) Other passengers in your car f) Other information e.g. Reasons for incidental costs; If Taxis are used, a reason must always be presented.	g the trip	Daily allowance Sec. 6 (1) RKG NRW	a) SR b) DR	a) Ticket b) Rented car/Taxi c) Sleeping berth ticket d) Seat reservation e) Travel expenses at the workplace, place of residence and place of business f) Plane ticket	two whooled motor	a) Number of accompanying passengers b) Business materials/ items above 40kg c) km per accompanying passenger/busin ess materials (5 cent per km) d) Car trailer (10 cent per km)	Please provide additional information in column 2 and include documentation
	g) Return trip by from to			standart amount	Amount	km	number / km	Amount
1	2		3	4	5	6	7	8
		Total						
		Carry over (if needed)						
					Column 3 Column 4 Column 5 Column 6	Nights at	EUR	
					Column 7	km at	<b>c</b> ent	
1. AO	with €	( %)						
	with€							
Reimbursement amount								

Please remember to include your original business trip approval document and signature!