

## Travel Expense Report

To: Travel Expenses 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:

Faculty/Institution: \_\_\_\_\_

I have received a subsidy/allowance from a third party in the amount of **EUR**

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

Please provide a written explanation on a separate page

☐ The accumulated travel costs are to be charged to this AO

\_\_\_\_\_ name (please print) and signature, of person responsible for the budget

Workplace/Dept. \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of residence \_\_\_\_\_

Family's residence \_\_\_\_\_

Distance (kilometres by road) between home and workplace \_\_\_\_\_

### For foreign citizens:

Please provide your complete home address!

Street \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

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) \_\_\_\_\_

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 Traveller -

### Reimbursement amount

Travel expenses to be reimbursed based on the list on the reverse side: \_\_\_\_\_ EUR

Advance payment received **EUR** \_\_\_\_\_ EUR

Reimbursement or repayment due \_\_\_\_\_ EUR

Mathematically correct \_\_\_\_\_  
(Travel Expenses Office)

Factually correct \_\_\_\_\_  
(qualified/authorised person)

To be completed by Department 1: Document number

