Date state: June 2026

Travel Expense Report

To: Travel Department, Paderborn University, 33095 Paderborn, Germany

Contact for enquiries:
reisekostenstelle@zv.uni-paderborn.de

(Surname, first name - mandatory deposit at the bank, VOP)

Phone: _____

General ledger acc. no.: (9 digits) please select

E-Mail: _____

1. AO with **€/% of expenses:** _____

2. AO with **€/% of expenses:** _____

Cc: _____

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

Faculty/Institution: _____

☐ Generell business travel approval is available

☐ AO corresponds to the business trip approval
☐ AO does not correspond to the business trip approval
☐ Explanation required, please use a separate sheet
☐ the travelling expenses can be settled from the AO

} Name (printed letters);
Signature of the person responsible for the budget

Department: _____

Place of employment: _____

Business location: _____

Place of residence: _____

Please transfer the payment to the following domestic/EU account:

IBAN: _____

BIC Code: _____

Account holder (name): _____

Only for <u>foreign</u> citizens:

Please provide the account holder's full home address!

Street: _____

City: _____

Country: _____

Bank charges for international payments to be paid by (please tick):

☐ Client ☐ Division ☐ Recipient

In the event of a payment being made to a person from a country subject to an embargo, Export Control must already have been carried out a sanctions list check and the result must be attached to this application.

Please remit the reimbursement amount to the following **foreign bank account**

Country: _____

Name of bank: _____

Address of bank: _____

Postal code and city: _____

Account no.: _____

BIC: _____

Routing no./ABA no.: _____

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 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: _____ EUR

Mathematically correct _____
(Travel Department)

Factually correct _____
(qualified/authorised person)

To be completed by Department 1: Document number

Information about the business trip Provide details using the following table		**Days accounted for**		**Transport expenses Sec. 4 LRKG**	**Mileage allowance Sec. 5 (1) LRKG**	**Carry-over compensation Sec. 5 (2) LRKG**	**Incidental costs Sec. 8 LRKG**
a)**Departure** 1.Date 2.Time **b) Return** 1.Date 2.Time	a) Departed by ... from ... to ... . b) Start, end and explanation of the official business c) **Required information** on **free services** during the trip 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 provided g) Return trip by ... from ... to	**Daily allow-ance** Sec. 6 (1) LRKG	**Over-night accom-moda-tion** Sec. 7 LRKG a) SR b) DR c) standart amount	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	a) Privately owned car (use stating a reason) (35 cent per km) b)Privately owned two-wheeled motor vehicle/bicycle (23 cent per km)	a) Number of accompanying business travellers b) Business materials/ items above 40kg c) km per business travellers/ business materials (5 cent per km) d) Car trailer (10 cent per km)	Please provide additional information in column 2 and include documentation
				Amount	km	number / km	Amount
1	2	3	4	5	6	7	8
	Total Carry over (if needed)						

Column 3

Column 4 **Nights at** **EUR**

Column 5

Column 6

Column 7 **km at** **cent**

1. AO _____ with _____ € (_____ %)

2. AO _____ with _____ € (_____ %)

Reimbursement amount:

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

To be completed by Department 1: Document number and split accounts for booking