

**Travel expense claim**

To: Team Dienstreisen – 741 – Mittelweg 177 per -HAUSPOST-

Staff number (ID)	Last Name *	First Name *		
Faculty/Department	Home Address	Family Status <sup>4)</sup>	Own household?	
Place of Work / Office: * (incl. street and house number)			Telephone Number:	
This trip was assigned/authorized on:		by:		
Compensation for this trip will be funded out of <b>cost center or WBS element *</b>				
as work-related travel (Section 2 subsection 2 HmbBRKG)				
work-related travel for the purpose of (professional) training primarily in the interests of present job in accordance with Section 23 subsection 2 HmbBRKG				
work-related travel for the purpose of (professional) training not primarily in the interests of present job in accordance with Section 23 subsection 3 HmbBRKG				
I hereby request compensation for expenses to be transferred to the bank account below:				
<b>IBAN</b>			<b>BIC</b>	
<b>Commencement of trip</b>				
From: residence		To: _____		
place of work		Date: _____	Time: _____	
Transportation: personal car    company car		train <sup>3</sup>	airplane <sup>3</sup>	other: _____
<b>Commencement of official work</b>			<b>End of work-related travel</b>	
Date: _____		Date: _____		Time: _____
Time: _____		Time: _____		
<b>Return</b>				
To: residence		_____		
place of work		Date: _____	Time: _____	
Transportation: personal car    company car		train <sup>3</sup>	airplane <sup>3</sup>	other: _____
Did work-related travel include travel for private purposes?    yes                  no				
If yes: <b>Commencement of travel for private purposes:</b>			<b>End of travel for private purposes:</b> date, time, place:	
Date	Time	Place	Date	Time    Place
<b>Costs</b>				
	For a domestic trip	For a trip abroad		
Daily allowance applied for (depending upon length of absence) <sup>4</sup>	yes	no	<b>&lt;&lt;&lt; Compensation upon application only!</b>	
Did you use the cafeteria?	yes	no		
Necessary overnight stays:	number of nights: _____		<b>&lt;&lt;&lt; Compensation upon application only!</b>	
of which lump sum overnight pay expenses without receipt <sup>1</sup>	number of nights: _____		€	
of which overnight stay expenses with receipt <sup>1</sup>	number of nights: _____		€	
of which overnight stay without expenses <sup>1</sup>	number of nights: _____			
Incl. breakfast?	yes    no	breakfast on _____ days		
<b>Transportation expenses:</b>				
transport pass/ticket, plane ticket, etc.	class <sup>2,5</sup> :	_____	€	
surcharge and/or "Platzkarte"			€	
bahncard <sup>2</sup>			€	
travel costs at place of work <sup>2</sup>			€	
travel costs at place of business <sup>2</sup>			€	
motor vehicle reimbursement allowance for _____ km			€	
motor vehicle use for a material business purpose <sup>1,5</sup>			€	
passenger allowance: _____ km			€	
for _____ accompanying work-related travelers <sup>1</sup>			€	
<b>Additional Expenses:</b>				
seminar/workshop/conference fees			€	
toll/ferry/rental car/taxi <sup>5</sup>			€	
VISA			€	
other:			€	
<b>Subtotal 1</b>				€
* Mandatory information				
<sup>1</sup> Please provide additional information on Page 2.				
<sup>2</sup> Please include original receipts.				
<sup>3</sup> Please see explanation on Page 2.				
<sup>4</sup> For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.				
<sup>5</sup> Compensation is not possible without a compelling reason.				

**Deductions**

I have already received a deduction / an advance (amount):		€
An advance was paid by a third party (amount):		€

Free accommodation at _____ days	
Free meals at _____ days	
Meals in airplane	yes      no
number of meals	
<b>Subtotal 2</b>	€

<b>(Subtotal 1 - Subtotal 2)</b>	<b>Overall travel costs</b>	€ incl. daily allowance
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I use a HVV-Zeitfahrausweis (Hamburg public transport pass) to travel to my place of work	yes	no			
I have a BahnCard	25	50	100	privat	business

I request a WP number for EU projects only / Please provide WP title and type of activity:			
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**1) Comments**  
 E.g., description of business; reasons for using car/taxi/airplane; names, places of work and mileage (in km) for each accompanying passenger; reasons for necessity of overnight stay expenses, incidentals; list of free meals

**2) Declaration**  
 Did you use the bonus program of an airline or the Deutsche Bahn AG for your trip?  
 yes      no  
 If yes: What benefits/credit do you expect to receive?

**Please note:** You may only use these benefits / this credit in agreement with your responsible office (travel expense office).

**I hereby affirm the accuracy of my information and that I actually incurred the expenses specified herein. The requisite receipts and vouchers are enclosed. I acknowledge that insufficient and/or missing receipts or vouchers may result in a reduction of any reimbursement of costs.**

Place, Date: \_\_\_\_\_ Signature: \_\_\_\_\_

- <sup>1)</sup> Mandatory information
- <sup>1)</sup> Please provide additional information on Page 2.
- <sup>2)</sup> Please include original receipts.
- <sup>3)</sup> Please see explanation on Page 2.
- <sup>4)</sup> For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.
- <sup>5)</sup> Compensation is not possible without a compelling reason.

**>>> If expenses are to be settled out of another cost account / WBS element (deviation from work-related travel authorization), the office responsible for resources must release funds! <<<**

\_\_\_\_\_  
 Name of person(s) responsible for resources

Date / Signature: \_\_\_\_\_  
 Person(s) responsible for resources