

| | | | | | |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|---------------------------|
| <i>Please only fill in the shaded areas here</i> | | Payment order for | | document no. | |
| Universität Regensburg | | Travel Expenses | | | |
| | | To the Staatsoberkasse Bayern (Bavarian State Treasury) in Landshut | | TL-no. | |
| 07 Recipient (Surname, first name) -27- | | | | | |
| Org.-account number (see salary statement) | | 08 Street, House no. -20- | 09 Postal code, Place name -20- | | |
| 11 Abbreviated name of the bank | | 12 BIC | 13 IBAN | | |
| 01 Accounting office (or project no.) | | 02 Order-giving office no. -13- 152101-2 | | 05 Amount (EUR) 10 Type of payment 1 = cash 2 = postal cash 5 = off-setting | |
| 14 Intended purpose for recipient -27- | | 04 Budgetary monitoring list no. -5- | Signature | | 21 Allocation amount -13- |
| 22 End of advance payment 1 - 1 Advance payment 2 = further advance payments 9 = Final payment | | 03 Advance payment no. -7- | | 23 Total of settled Advance payments (EUR) | |
| Financial year | 15 Due on | Amount from Total 5 in words (from 1,000 EUR) | | | |

only to be filled in by the calculating office

Calculation of travel expenses and justification of spending (VV n. 10 to Art. 70, BayHO):

| | | |
|----------------------------------------------------------------------------------|---------------------------|-----------|
| Daily allowance for one-day business/educational trips | _____ Day(s) at _____ EUR | _____ EUR |
| Daily allowance for multiple-day business/educational trips | _____ Day(s) at _____ EUR | _____ EUR |
| Daily allowance for multiple-day business/educational trips | _____ Day(s) at _____ EUR | _____ EUR |
| Daily allowance for multiple-day business/educational trips | _____ Day(s) at _____ EUR | _____ EUR |
| Accommodation allowance according to receipt without breakfast | _____ Nights at _____ EUR | _____ EUR |
| Accommodation allowance lump-sum | _____ Nights at _____ EUR | _____ EUR |
| Travel costs | | _____ EUR |
| Mileage allowance | _____ km at _____ EUR | _____ EUR |
| Passenger bonus | _____ km at _____ EUR | _____ EUR |
| Additional costs _____ | | _____ EUR |
| Total | | _____ EUR |
| From: Third party grants (Art. 3 Paragraph. 3 BayRKG) _____ | | _____ EUR |
| _____ percent of the daily separation allowance _____ EUR for the following days | | _____ EUR |
| Advance payment from _____ | | _____ EUR |
| still to be paid/ to be recovered (red) | | _____ EUR |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| Factually and mathematically correct Regensburg, den Signature (VV Nrn. 11-19 and 20.1.2/Art. 70 BayHO): | | Audit report (VV no. 12.4/Art. 79 BayHO): 1. Audited 2. To be paid / to be offset against | |
| The amount ist to be paid out and booked as shown above. resources are, where required, available (VV No. 6.2 and/or 8 of Art. 43 BayHO). Regensburg, den Authorised signature | | Bh Accounting office ASt-Nr. _____ _____ _____ * Bh _____ Signature. _____ *Where applicable: continued on the reverse | |
| Sum received <input type="checkbox"/> in cash <input type="checkbox"/> by cheque from | Certification(VV No. 48 of 70 BayHO): Paid out by <input type="checkbox"/> Offsetting <input type="checkbox"/> Direct debiting <input type="checkbox"/> Transfer on Bank | Receipt stamp of the cash office | |
| Place, Date, Signature | Signature: | | |
| Paying office book no. | | | |
| List of titles no. | | | |

Application for the reimbursement of travel costs (Use an extra sheet if necessary)

First name and family name

Own household (Apartment with cooking facilities which are used for the preparation of warm meals, and which is furnished and contains other household items): yes no

Separation allowance was approved in writing from _____ for the time from _____ until _____

| I. Arrival | | Daily allowance for | Overnight accommodation over 60/90 € always with reason | Travel costs | Mileage compensation) | Incidental expenses |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------------------------------------------------|
| on _____ | <input type="checkbox"/> residence <input type="checkbox"/> work | a) one-day business trips | | a) Class | car for valid reason | (Type of incidental expenses); give necessary reasons under position VI |
| at _____ | | b) one-day educational trips | | b) Travel ticket, | b) car without valid reason | |
| from the _____ | c) multiple-day business trips | c) Surcharge | | c) No. of fellow passengers | | |
| By means of .. | d) multiple-day educational trips | d) Sleeping car voucher | | d) Km per fellow passenger | | |
| from _____ | | | e) Seat reservation | | | |
| to _____ | | | f) Other | | | |
| II. Stay at place of business | | | | | | |
| Start of business on _____ | | | Euros | Euros | Km | Euros |
| at _____ | | | | | | |
| End of business on _____ | | | | | | |
| at _____ | | | | | | |
| Travel costs at the place of business for the whole duration of stay: | <input type="checkbox"/> Private vehicle <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| III. Return journey | | | | | | |
| Return journey on _____ | | | | | | |
| at _____ | | | | | | |
| By means of | | | | | | |
| from _____ | | | | | | |
| to _____ | | | | | | |
| Arrival at the _____ | <input type="checkbox"/> residence <input type="checkbox"/> Place of .. | | | | | |
| on _____ | | | | | | |
| at _____ | | | | | | |
| | Time | | | | | |
| | Total | | | | | |

IV. Place, date and time of any border crossing or landing

Outward journey: _____

Return journey: _____

V. Grants (fill in even if daily allowance is being waived!)

In connection with this trip I received

| | | |
|-----------------------------|-----------------------------|-------------------------------------------------------------------|
| travel expenses | <input type="checkbox"/> no | <input type="checkbox"/> yes, to the amount of _____ for |
| free accommodation | <input type="checkbox"/> no | <input type="checkbox"/> ja, |
| Board free of charge | Breakfast | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Lunch | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Evening | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| Meals on the plane | Breakfast | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Lunch | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Evening | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| Included in daily allowance | Overnight | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Breakfast | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Lunch | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |
| | Evening | <input type="checkbox"/> no <input type="checkbox"/> yes, on/from |

VI. Reasons of any kind (explanations on separate sheet where necessary):

I have received an advance payment: no yes, to the amount of (Euros) _____

I hereby confirm that the above information is true and complete and request payment to the account given above.

Regensburg, _____

Place, Date _____ Signature _____

Please also fill in the shaded areas on the front page!
 The right to travel allowance expires if no application is made within 6 months (Art. 3 Abs. 5 BayRKG).

DO NOT SUBMIT ENGLISH VERSION