

Travel expense claim

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

Staff number (ID)	Last Name *	First Name *		
Faculty/Department	Home Address	Family Status ⁴⁾	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 cost center or WBS element *				
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:				
IBAN			BIC	
Commencement of trip				
From: residence		To: _____		
place of work		Date: _____	Time: _____	
Transportation: personal car company car		train ³	airplane ³	other: _____
Commencement of official work			End of work-related travel	
Date: _____		Date: _____		Time: _____
Time: _____		Time: _____		
Return				
To: residence		_____		
place of work		Date: _____	Time: _____	
Transportation: personal car company car		train ³	airplane ³	other: _____
Did work-related travel include travel for private purposes? yes no				
If yes: Commencement of travel for private purposes:			End of travel for private purposes: date, time, place:	
Date	Time	Place	Date	Time Place
Costs				
	For a domestic trip	For a trip abroad		
Daily allowance applied for (depending upon length of absence) ⁴	yes	no	<<< Compensation upon application only!	
Did you use the cafeteria?	yes	no		
Necessary overnight stays:	number of nights: _____		<<< Compensation upon application only!	
of which lump sum overnight pay expenses without receipt ¹	number of nights: _____		€	
of which overnight stay expenses with receipt ¹	number of nights: _____		€	
of which overnight stay without expenses ¹	number of nights: _____			
Incl. breakfast? yes no	breakfast on _____ days			
Transportation expenses:				
transport pass/ticket, plane ticket, etc.	class ^{2,5} : _____		€	
surcharge and/or "Platzkarte"			€	
bahncard ²			€	
travel costs at place of work ²			€	
travel costs at place of business ²			€	
motor vehicle reimbursement allowance for _____ km			€	
motor vehicle use for a material business purpose ^{1,5}				
passenger allowance: _____ km				
for _____ accompanying work-related travelers ¹			€	
Additional Expenses:				
seminar/workshop/conference fees			€	
toll/ferry/rental car/taxi ⁵			€	
VISA			€	
other:			€	
Subtotal 1			€	

* Mandatory information

¹ Please provide additional information on Page 2.

² Please include original receipts.

³ Please see explanation on Page 2.

⁴ For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.

⁵ 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	
Subtotal 2	€

(Subtotal 1 - Subtotal 2)	Overall travel costs	€ 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: _____

- ¹⁾ Mandatory information
- ¹⁾ Please provide additional information on Page 2.
- ²⁾ Please include original receipts.
- ³⁾ Please see explanation on Page 2.
- ⁴⁾ For domestic travel exceeding 14 days (excl. arrival and departure), please provide family status.
- ⁵⁾ 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