Travel Expense Report

Name:	Function:
Address:	
IBAN:	BIC:

Angaben zur Reise

Date: *(Start of trip)*	Date: *(End of trip)*
Travel destination:	
Purpose of the trip:	

Duration of the trip:

1. Day: Start: h	End: h =	Hours:
2. Day: Start: h	End: h =	Hours:
3. Day: Start: h	End: h =	Hours:

Reimbursement of Travel Expenses and Outlays *(according to the currently valid contribution, fee, and expense regulations)*

Mileage allowance (private car)

Distance driven:	km x 0,35 €	€
Travel costs: *(e.g., public transport – attach original receipts!)*		€

Additional meal expenses *(up to 6 hours: €17.50; over 6 hours: €35.00 / for judges on judging day: €50.00)*

No. of days:	x	€	€
No. of days:	x	€	€

Accommodation costs: €
(Attach original receipts – see contribution, fee, and expense regulations)

Incidental costs:
(Attach original receipts; if necessary, add a separate sheet)

€

€

Total €

Place, Date

Signature

***Review Note** – For verification of correctness:*

Place, Date

Department Head

According to the Income Tax Act, the recipient is personally responsible for tax considerations