



Department:	Date:	
Institute:		
Phone:		
Request for Payment for Guest Activities (only for visiting scholars/guests who stay for up to a maximu receive compensation/expense allowances of up to EUR 2.50 through the department (with the request for endorsment):		
Department / Central Institute / Central Facility	Date, Stamp, Signature	e Dep./Inst./Facilit
Funding from		
Fund:		
Cost center:		
Financial position:		
Name, First Name, Title:		
Address (exact postal address):		
Date of Birth:		
Tax Indentification Number:		
Home institution:		
Title / Topic:		
Phone of the host:		
Guest activity on	at	o' clock
Start of the trip on	at	o' clock
End of the return trip on	at	o' clock

Costs:				
A. flat-rate reimbursement*				
of a total of		Euro (incl. fees, travel, stay, accomodation costs) * acc. to allowance rates		
or		acc. to allowance rates		
B. Itemized Billing				
Flight costs from	to	and back	EUR	
Train costs from	to	and back	EUR	
Transfer* from	to	and back	EUR	
car trip from	to	and back		
	km at EUR	3 0,20/km	EUR (max. 130,- EUR)	
* Reimbursement of taxi costs accord is only possible with special justificat		ral Travel Expenses Act		
Accomodation costs:		EUR		
Total costs:		EUR		
mathematically correct:	Signature of A	unnlicant		
I assure that the travel expenses specified above were incurred by me. I have - not - received contributions from third parties for this trip (if yes, in what amount?)				
The fee amounting to responsible tax	×	EUR I will declare at my tax office.		
The total amount due to me should be For international transfers, please				
Bank:				
IBAN:				
BIC/S.W.I.F.TCode:				
Place / Date	anatura af the	queet)		
(Sig	gnature of the $\mathfrak g$	guest)		