Department: Date:

   Institute:

      Phone:

Request for Payment for Guest Activities
(only for visiting scholars/guests who stay for up to a maximum of one month and/or receive compensation/expense allowances of up to EUR 2.500)

<u>through</u> the department (with the request for endorsment):

Department / Central Institute / Central Facility   Date, Stamp, Signature Dep./Inst./Facility

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

1

Costs:

A. flat-rate reimbursement

of a total of   Euro   incl. fees, travel, stay, accomodation costs
                                                                        * acc. to allowance rates

or

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 0,20/km   EUR (max. 130,- EUR)

**Reimbursement of taxi costs according to the Federal Travel Expenses Act
is only possible with special justification!**

Accomodation costs: **EUR**

Total costs: **EUR**

mathematically correct: _____
                                        Signature of Applicant

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 transferred to the bank account listed below.
For international transfers, please also probive BIC/S.W.I.F.T.-Code

Bank:

IBAN:

BIC/S.W.I.F.T.-Code:

Place / Date _____
                                        Signature of the guest)