Application | Advance Payment for Travel Expenses Dept. 44.2 – Travel Expenses



Title/ first name / last name			UoC personnel number (if known) not LBV (Regional Authority) number			
Department/ institute/ office UzK: optionally stamp			Date of birth			
			Email			
			Extension Phone			
Adress (External applicants):			1. 2.			
UoC employees: [x] use salary		External applicants: [x] Please enter your bank account information				
Please remember to inform the Staff Management – of a information. It is not enough Compensation and Retirement	bank account I Authority for esoldung und	BIC/SWIFT:				
Versorgung – LBV). We can only process this Department 41 has all your current information.		application if Name of Bank:				
I am requesting an advance p		ized trip (min.	amount €100)			
From (date/time)			To (date/time)			
Round trip? more than one destination	O No O Yes	;				
Destination(s) & Country(s)						
Explanation of the purpose of travel						
I am requesting an advance p	avment for my authori	ized trip				
,	Description				Amount €	
Driving/railway costs						
Airfare						
Overnight stay						
Conference fee						
Other costs						
				Total:		
Calculation					Amount €	
€ x 80 %						
Financing: cost center or PSP element (mandatory information) Further information on financing details						
Please include the original trav Please note that you must subr I am aware that I will be require expenses department within si the total expenses of my trip be	nit this application to the tra d to return advance payme x months after returning	avel expenses de ents to the UoC if from my trip. Th	I fail to submit a detaile is is also the case if my	ed statement of my travel y trip was cancelled for wi	expenses to the travel	
Signature of Applicant I hereby duly confirm that the provided information is correct		-	Y FOR EXTERNAL) ature of your head of department / institute (usually direct superior) al accurate			
X		X				
Date / Signature		Date / Sig		Name in block letters		