



Last Name: _____ First Name: _____ Function: _____

Travel from: _____ to: _____ and back

Start of the journey (date/time): _____

End of the journey (date/time): _____

Reason for travel: _____

1. **Expenses for** (Flight, rental car, ship, ...) € _____

Private car: _____ km (pro km = € 0.55) max. € 550,- € _____

2. **Accommodation costs** (with receipt) ____ nights, per night € ____ € _____

3. **Daily Allowance: over 6 hrs absence: € 130;**

(when meals are free, the following amounts must be deducted for each day:

lunch € 25,- dinner € 25,-

**The recipient is personally responsible for
the tax and social security
treatment of daily allowances
and the meeting allowances!**

1st day € _____

2nd day € _____

3rd day € _____

4th day € _____

5th day € _____

6th day € _____

7th day € _____

4. **Other costs** (with receipt and justification) € _____

Total: € _____

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I confirm hereby the accuracy of the information:

Date: _____ Signature: _____

Amount Received: Date _____ Signature: _____

Bank Transfer: Account Number: _____ Bank Code: _____

IBAN: _____ BIC: _____

Bank: _____

All travel costs must be submitted and charged to the FIL within 30 days.

Travel expense reports received after this deadline will not be reimbursed.