Please note that **ONLY** the German version of this document is legally binding and has to be signed. The English translation is provided to help you fill out the original German document.

07 Recipient (LAST NAME, first name) -35-		Paymer Travel 6		orisation es	for		Receipt stamp		Receipt no.	
08 Street, house number -35-		An die Staatsoberkasse ern			е Вау-		of the University Admin. Referat P 1	-	TL no.	
09 Postcode, city -32-			in Landshut				_			
LfF reference number (see salary statement)										
E-mail address or telephone number in case of questions			14 Recipient payment reference -27-							
Department (full address)			11 Bank's abbreviated name							
			12 IBAN -34			13 BIC -11-				
		01 Processing location -17-					02 Account number -14-			
	01 a Cost type Cost ce			<u>tre</u>		05 Sum (EUR)		10 Payment method		
									stal order ernal transfer	
		04 HÜL-A no6- Initials					21 Deposit -13-			
22 Instalment code 1 = First payment 2 = Additional instal	Iment payments	03 Instalment no7-				23				
Fiscal period 15 Date due	9 = Final payment od 15 Date due Amount of sum 5 in words (ov				er EUR 1	000)				
 Reasons for using taxis, cancell Credit card bill Quotations (e.g. flight, accommoded) Only complete applications will be produced. The claim to reimbursement of travel of the attached draft travel expense reportem. The travel expenses office requestions. 	odation) cessed (shaded expenses expire ort and original ests that the orig	d fields or es if it is r travel exp ginal attac	n both s not asse pense o	sides). erted withidocuments avel expense	n six m s are re	onth equire	s (Section 3 (5) Eed for entry into the also given to em	3ayRl ne FS nploy	SV sys- ees on	
Employee was given report on: Initials:										
Factually and mathematically correct					Audit certificate (VV No. 8.1/Section 79 BayHO):: 1. Audited					
Erlangen/Nuremberg,					be paid out/to be offset against Bh			no.		
The sum is to be paid and entered into the acco	ounts as stated above	ve.								
Erlangen/Nuremberg,				Bh	* ue ove	Initials		-		
Signature of authorised person (VV no. 10 Section 2015)	ion 70 BayHO):									
Amount received in cash	Paid out by		internal transfer direct debit		Receipt stamp of the cashier's office					
by cheque from			bank tra							
Place, date, signature	Date	Bank								
Signature:										

Only fully filled out forms can be processed. The shaded fields on the front must be filled in as well. The claim to reimbursement of travel expenses expires if it is not asserted within six months (Section 3 (5) BayRKG). (please enclose all original receipts and the original business travel authorisation) Travel expenses report Journey from office or ☐ home other location: by 🔲 train ∃own car ☐ flight h Destination: at on Arrival date at (Please enclose an additional sheet if more than one destination. Travel abroad: border crossing or landing at first airport in destination country on at Start of work/official business at the destination (date): at h End of work/official business at the destination (date): at h Return journey by 🗌 train own car ___ flight Arrival date at at h 1 a. Daily allowance daily allowance waived personal visit Days Only for flights: No meals were offered during the flight Only travel abroad: Eating at a staff canteen was an option 1 b. Free meals/meals during flights (please fill in date and cross as appropriate – even when waiving the daily allowance): Morn-Evenunch Incl. in participation fee Paid/booked by FAU. from/on ing ing 2. Overnight accommodation already paid by: Number of nights Per diem or invoice: **EUR** Breakfast was **not** included in the price It was necessary to book accommodation that exceeded the accommodation rates for official reasons (e.g. hotel needed to be in close proximity to place of business; in order to save high travel costs; less expensive accommodation unavailable). Accommodation in own flat (also secondary residence) in on: Free accommodation (e.g. invitation by project partner) on (date): Transportation costs (good reasons must given for the use of taxis) Train: **EUR** Public transport: **EUR** EUR Hire car: **EUR** Other mode of transport/taxi: Flight: EUR other: Private vehicle: ☐ Car ☐ Motorcycle ☐ Moped Bicvcle km driven: If there were legitimate reasons for using a taxi/private vehicle (also when going to the airport), flying business class or reserving a seat on the plane please include a separate sheet stating why this was necessary Car pool compensation: employees taken on business trips in your car (employees of the Free State of Bavaria only): Name(s): km Name(s): km 4. Additional expenses Please state your reasons for buying a BahnCard Business and for business-related use of telephones/Internet. Add extra page if necessary. Please enter this information even if your department has paid these expenses **EUR EUR EUR EUR 5.** Partial payment received (please attach a copy of the payment receipt) **6.** Costs were paid directly by the department or a third-party. **EUR** (please attach receipts) confirm that the above information is correct. The expenses I have stated above were in fact incurred. Erlangen/Nuremberg,

Signature

I hereby confirm that I agree to my travel expense report being sent to me by the travel expenses office via unen-

crypted e-mail. If yes, please provide e-mail address on the front.

Data protection: Declaration of consent to personal data being forwarded for the purpose of processing travel expense claims

<u>A failure to consent by EXTERNAL parties will cause the travel expense</u> <u>claim form to be sent to the traveler's home address</u>

Department requiring the journey to be undertaken

(full address, responsible for transferring the reimbursement)

Place

I consent to my travel expense claim form being forwarded in a closed envelope to the department stated above and give my permission for it to be opened and processed there.
Last name, first name:
Journey: (brief title)
Duration: (from - to)
Notes on processing:
The above-mentioned travel expense claim form includes personal data and has to be processed by the Chair that required the journey to be undertaken after the travel expenses office has processed the travel expense claim. Only the Chair that required the journey to be undertaken can arrange the transfer of the reimbursement to the traveler. Your data can only be transferred to the relevant department if you grant your consent. Granting
consent ensures an efficient workflow and your expenses can be reimbursed swiftly.
f you do not grant your consent, the documents will be sent to your place of work, marked 'private", and may only be opened by you personally (in the case of external parties, to your home address). As only the department that required the journey to be undertaken can transfer the reimbursement, you are then responsible for forwarding the relevant documents to them. In this case, you accept responsibility for any delays incurred as a result of this additional step.
You have the common rights of a data subject pursuant to the General Data Protection Regulation (GDPR)
see https://www.fau.de/fau/rechtsgrundlagen/datenschutzkoordination/#betroffenenrechte).

When submitting a travel expense claim form, we recommend opting to receive notifications by email or via the portal. We can only send notifications by email if you have ticked this option on the claim form. Once you receive the notification by email, you know that the travel expenses office has finished processing your application and you should shortly receive the bank transfer. Please contact the department that required the journey to be undertaken if there are any delays.

Signature

Date