

Attention!

This printed form applies only for external persons and is not to be used by University employees.

Prior to settlement at the Travel Cost Centre, the signature of the Organisation Unit responsible is also required!

The application time period for the submission of travel cost settlements totals 6 months. No settlement is possible in case of belated submission!

**FernUniversität in Hagen
Department 3.2
Travel Cost Centre
58084 Hagen**

Pers.-No.: (To be filled in by Department 3.2)							

Travel cost settlement for external persons

Information essential for financing (to be filled in by the Organisation Unit responsible):

PSP-Element:

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Personal details

Surname, First name *		Telephone	
Place of residence with postcode and street		Place of residence of family*	
Organisation Unit responsible at the FernUniversität		Title or official designation	
Financial Institute	IBAN (16–34 characters possible)	BIC (8/11 characters possible)	
Other bank details (Account Number, Routing Number etc.) for bank details in countries which do not use IBAN			

* These personal details are saved for data processing purposes.

1. Travel data (Acc. § 4 Section 2 State Travel Costs Law (LRKG), the travel cost reimbursement is always granted from or to the place of work)

Travel destination (location, in case of business trips abroad, also name of country)	Travel date (from - to)
Purpose of trip (if applicable, add particular reason or please state the reference number in case of a job interview).	
The following person/people is/are also participating in the trip (please state name(s) *	
The trip was conducted by	
<input type="checkbox"/> Bus/train <input type="checkbox"/> ICE <input type="checkbox"/> Aeroplane (1) <input type="checkbox"/> Private vehicle (2) <input type="checkbox"/> As fellow passenger of (please state name):	
Here it is essential that you state reasons for 1 or 2 and explain the particulars!	
Date and signature of the applicant	Date and signature of the Head of the Organisation Unit responsible/ Information correct

2. Settlement data

The settlement is to take place acc. the provisions in the State Travel Costs Law (LRKG) and the Severance Benefit Ordinance (TEVO) for North Rhine-Westphalia

Start of trip	Date	Time			
From	<input type="checkbox"/> Residence	<input type="checkbox"/> Place of work	Other location		
To (Place of business)					
Business matter (start)	Date	Time	Business matter (end)	Date	Time
End of trip	Date	Time			
End of trip to	<input type="checkbox"/> Residence	<input type="checkbox"/> Place of work	Other location		
Only fill in when travelling abroad!					
Journey there: crossing of border/landing time	Date	Time	Arrival:	Date	Time
Return: Start of trip	Date	Time	Crossing of border/landing time	Date	Time
Travel costs			Route	Accommodation costs/ additional expenses	
Add original receipts! Use of a flight or taxi must be justified.			Private vehicle number of km (there and back)	Enclose original receipts and explain!	
a) Ticket/flight ticket		€		a)	€
b) Surcharge/sleeping car ticket/seat reservation ticket		€		b)	€
c) Bus/tram		€		c)	€
d) Taxi		€		d)	€
Accommodation: <input type="checkbox"/> Received without remuneration due to office.					
I have received the following catering/meals: <input type="checkbox"/> Single meal <input type="checkbox"/> Full board <input type="checkbox"/> Canteen catering					
<input type="checkbox"/> Breakfast (Number): _____ <input type="checkbox"/> Midday meal (Number): _____ <input type="checkbox"/> Evening meal (Number): _____					
<input type="checkbox"/> I have not received any catering/meals.					
Other explanations:					
<input type="checkbox"/> Attachment(s) for reasoning of additional costs is (are) enclosed.					
I assure in accordance with my obligations that my details are correct. I have incurred the expenses stated.					
Date and signature of the applicant					