

# Travel Expense Reimbursement Request (for travelers without access to TURM)

## Reimbursement Request and Approval

I herewith request reimbursement of the travel expenses itemized below, and certify these advances to be true and correct by affixing my signature. Please transfer the reimbursement to the following bank account:

Last Name, First Name, E-Mail/Phone No.	
IBAN and BIC	
Street address, Zip Code, City	Place, Date, Signature

This is to verify the necessity for travel and the travel expense reimbursement and, in support thereof, attach a copy of the commitment for expense reimbursement issued prior to the trip. I request reimbursement in accordance with/of  
 the LRKG     the BRKG     the receipts presented herewith only;    posted to the following accounting codes:

PSP- Element	
Kostenstelle	
Date, Signature Supervisor/Project Manager	Date, Signature factual correctness Department Head/Head of ZE

## Reason

Reason for travel:	
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Duration	Date	Time	
Begin date			<input type="checkbox"/> Trier Univ <input type="checkbox"/> residence <input type="checkbox"/> other (specify)
Destination (conf. location,...)			
Arrival at destination			
Begin of official business (conference, ...)			
End of official business (end of conference, ....)			
Departure from travel destination			
End of travel			<input type="checkbox"/> Trier Univ <input type="checkbox"/> residence <input type="checkbox"/> other
To be included during international travel:			
Border crossing during outbound travel			During air travel, landing in the country of your destination shall be relevant (layovers without overnight stay shall be disregarded)
Border crossing during return travel			

## Expenses (Attach original receipts)

To be completed by applicant			To be completed by administration	
Type of Expense	Amounts in €	Note	Comment	Amount
Train/Public Transport				
Air Fare				
Cab		Attach detailed justification (mandatory)		
POV	km:	Specify reason for use (i.e. passenger,...)		
Hotel		Attach detailed justification if the allowed maximum for the room charge has been exceeded (refer to guidelines)		
Other				
Meals (these will be reimbursed at a flat rate, however, you should state which meals were free of charge or included in other expense items, such as breakfast at the hotel, conference dinner incl in conference fee, lunch during the flight, etc.)				
Advance Payment		If you received an advance on these expenses		
Other „Income“		If you received funding from other third parties for this trip		
			Summe	
Trier, Datum	Unterschrift rechnerisch richtig		an die Abt. I, Buchhaltung, m.d.B.um Buchung und Auszahlung Kreditor: <input type="checkbox"/> extern <input type="checkbox"/> intern	