

Max-Planck-Institut für Kernphysik - Heidelberg

Travel Expense Report

Please complete, print and submit to
Reisekostenstelle

Claims for reimbursement of expenses must be submitted within **six months** upon completion of the event

First Name, Last Name		Home Address		Email	
Dept.		Other institute than MPIK		Cost Centre/Project	
Place/Destination		Country		from	to
Purpose of Travel					

Please itemize sum and currency

	Class	Single	Return	Paid by traveler	Pre-paid by MPIK*	Paid by Third Party
Train		<input type="checkbox"/>	<input type="checkbox"/>			
Air		<input type="checkbox"/>	<input type="checkbox"/>			
MPIK-car pool				Gasoline costs	Gasoline costs	Gasoline costs
Rental Vehicle		<input type="checkbox"/>	<input type="checkbox"/>			
Lodging						
Conference Fees						
Incidentals (local transportation) - Receipts attached						
Private Vehicle	kms	from		to	Costs for Taxi substantiate	

* In this case or if an advance payment is issued a travel expense report must be submitted even if the trip is cancelled

Start/Onward/Return Travel				Mode of Transportation	Arrival		Start of official business		End of official business	
Date	Time	from	to		Date	Time	Date	Time	Date	Time

Details, if required on an extra sheet

Adding personal time to business trip	Place:	Duration:	<input type="radio"/> No	<input type="radio"/> Yes
I fell ill and was hospitalized			<input type="radio"/> No	<input type="radio"/> Yes
I received a per diem amounting to			<input type="radio"/> No	<input type="radio"/> Yes
I received advance payment amounting to			<input type="radio"/> No	<input type="radio"/> Yes
Third party funding - give name, cash amount and/or benefits in kind			<input type="radio"/> No	<input type="radio"/> Yes
In-flight meals included in the air fare: provide details			<input type="radio"/> No	<input type="radio"/> Yes
Lodging rate per night exceeds 60 Euro. Please justify.			<input type="radio"/> No	<input type="radio"/> Yes
Traveling abroad: have you had lunch in the canteen? How often?			<input type="radio"/> No	<input type="radio"/> Yes
Breakfast included in hotel rate			<input type="radio"/> No	<input type="radio"/> Yes

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Lodging and meals included in the registration fee or as benefits by a third party								
Arrival date	Breakfast(no lodging) <input type="checkbox"/>		Lunch <input type="checkbox"/>		Dinner <input type="checkbox"/>		Overnight stay <input type="checkbox"/>	
Stay	Breakfast(no lodging) <input type="checkbox"/>	___ times	Lunch <input type="checkbox"/>	___ times	Dinner <input type="checkbox"/>	___ times	Overnight stay <input type="checkbox"/>	___ times
Return date	Breakfast(no lodging) <input type="checkbox"/>		Lunch <input type="checkbox"/>		Dinner <input type="checkbox"/>		Overnight stay <input type="checkbox"/>	

Always to be completed if travelling by air

I declare that I am enrolled in a Frequent Flyer Bonus Program

☐ Yes ☐ No

If yes, which benefits have you been awarded or are to be expected?

Bonus miles ☐

Sum of accrued points/miles

Redeemed for

I am aware that any awards or privileges - also for the benefit of a third party - may only be used for the purposes of the institute.

Comments of the claimant

By signing the travel claim, the claimant certifies under penalties of perjury that this account of expenses is accurate and that the costs were personally incurred in performance of institutional travel and have not been reimbursed by a third party. A knowingly misrepresentation of data constitutes a breach of official duty and an offence of fraud and is liable to punishment pursuant § 263 StGB2

All necessary original receipts are attached. Please transfer the reimbursement sum to the account given below.

Bank

BIC

IBAN

Place, Date and Signature of Claimant