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| Note:Please submit your expense claim as soon as possible. Reimbursement must be claimed within six months of travel (beginning with the first day following completion of your journey). Travel expenses cannot be claimed after this period. Please attach original receipts (air/rail tickets, taxi, hotel, etc.). |

Deutsche Forschungsgemeinschaft **ExStra Sitzungs-GZ: S-17-12115**

- Reisekostenstelle - **Kostenstelle: 71640**

Kennedyallee 40 **Kostenträger: 820801**
53175 Bonn

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| **Travel Claim Form** |
| Last name, First name,      |
| Home address      |
| Organisation/Institution      |
| Business address      |
| Date of invitation from the DFG/WR      | E-mail      |
| Travel from  |       | to |       |
| by (means of transportation) \*) |       |
| Departure (date, time) |       | arrival (date, time) |       |
| Beginning of the meeting (date, time) | End of the meeting (date, time) |
|       |       |
| Return from  |       | to |       |
| by (means of transportation) \*) |       |
| Departure (date, time) |       | arrival (date, time) |       |
| Travel expenses \*\*) |
| Regular means of transportation (train, aeroplane, etc.)      | Taxi, etc. \*\*)      |
| Hotel expenses \*\*)      |
| **Bank and account numbers** |
| Name |       |
| IBAN or account no. |       |
| SWIFT/BIC |       |
| Account holder (if not identical with applicant)      |
| Place, date      | signature |
| Travel expenses will be reimbursed according to the applicable travel expenses act (see ExStra form 301 for more information). \*) if travelling by car: number of kilometres\*\*) Please enclose original receipts. |