

# Travel Expenses Claim Form

Last name, first name

Home address

Post code

City/town/state

Contact number

e-mail

Travel from

to

Travel begin (date)

End (date)

Purpose of travel

**Please send all documentation to the following e-mail address(es)**

		EUROS	Comments (if any)
1	<b>Cost of travel</b> (Train/plane) see enc. *)		
2	<b>Kilometre allowance</b> (Cars: only when justifiable) <b>km</b>		
3	<b>Accommodation costs</b> see enc. *)		
4	Additional costs see enc. *)		
	Phone, taxis, parking fees		
	Public transport		
	Misc.		
	<b>Minus advances:</b>		

Place / date	Traveller's signature (digital)	Total in EUROS
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**\*) Please attach receipts as PDFs. Other formats cannot be processed. (hotel invoices, rail or air tickets, etc.)**

Please transfer

Recipient / account holder

IBAN:

SWIFT/BIC:

In case of third countries (except Switzerland):

Routing no.:

Account no.:

Bank name:

Bank address:

Comments (if any)

<b>To be filled in by</b>	EURO	Konto1	Gegenkonto	KST1	KTR1
<b>GDCh</b>					
sachlich richtig / Datum	EURO	Konto2		KST2	KTR2