


Travel Expenses Form		For the attention of:				
Employee number		Surname, First Name		Company		
Address/Place of residence (family home)						
Place of work						
The business trip was authorised/I was asked to take part in the business trip				by		
as Business travel (§ 2 Abs. 2 HmbRKG) Travel for training or to take part in an exam under § 23 Abs. 2 HmbRKG						
Travel under § 23 Abs. 3 HmbRKG						
I request reimbursement of my expenses to be paid to the following account:						
IBAN / BIC		Sort Code		Account Number		
Start of travel	From	Home	Date:			
		Work	Time of Day:		to	
		Form(s) of transport used	Car	Company car	Rail³⁾ Air³⁾	
			Date:		Date:	
Start of business travel:		Time of Day:		End of business travel:	Time of Day:	
Return:	To:	Home	Date:			
		Work	Time of Day:			
		Form(s) of transport used	Car	Company car	Rail³⁾ Air³⁾	
				Information provided by employee	To be completed by employer	
Daily subsistence allowance abroad (depending on length of absence)					EUR Cent	
Absent for more than 8 but less than 24 hours on			Day(s)	=	€	
Absent 24 hours or more on			Day(s)	=	€	
Daily sustenance allowance abroad (depending on length of absence)						
Absent for more than 8 but less than 24 hours on			Day(s)	=	€	
Absent 24 hours or more on			Day(s)	=	€	
Did you use a canteen?			Yes No			
Number of nights spent away from home required for purposes of the business trip						
Daily accommodation allowance (Without receipts)		€ x	Nights	=	€	
Expenses incurred for accommodation away from home (receipt must be provided)¹⁾		€ x	Nights	=	€	
Breakfast included?		Yes No				
Accommodation abroad		€ x	Nights	=	€	
Reimbursement under § 11 Abs. 1 HmbRKG ⁴⁾		€ x	Day(s)	=	€	
Reimbursement according to § 17 HmbRKG		€ x	Day(s)	=	€	
Reimbursement according to § 23 Abs. 2 HmbRKG ³⁾		€ x	Day(s)	=	€	
Travel Costs	Ticket, boarding card etc. ²⁾		Class ²⁾	=	€	
	Surcharge and/or seat reservation charge ²⁾			=	€	
	BahnCard ²⁾			=	€	
	Travel Costs at place of work ²⁾			=	€	
	Travel Costs during business trip ²⁾			=	€	
External costs for aeroplane CO₂ emissions				=	€	
Mileage reimbursement for			km	=	€	
Use of own car ¹⁾		For approved business purposes				
Car-sharing allowance		km for	Sharing car with colleagues ¹⁾	=	€	
Additional expenses ^{1) 2)}				=	€	
Total						
Deductions:	Costs reimbursed by third party (§ 3 Abs. 3 HmbRKG) ¹⁾				=	€
	Long-distance travel allowance (§ 3 of the VO to § 16 Abs. 5 HmbRKG):					
	a) Long-distance travel costs for	day(s) of respectively	€	=	€	
	B) Long-distance subsistence costs for	day(s) of respectively	€	=	€	
	Accommodation provided free of charge on	Day(s) ¹⁾		=	€	
	Meals provided free of charge on	Day(s) ¹⁾		=	€	
Total:				=	€	
I have already received an advance part-payment of				=	€	
For travel to and from work I use a season ticket						
I own a BahnCard	BahnCard 100					
				To be paid out:		
				deducted		

1) Please provide any additional information on the reverse of this page 2) Please provide receipts or other evidence of expenses 3) See explanation on reverse of this page 4) Please provide details of marital status: married partnership single		
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1) Explanations
e.g. Why the trip was necessary; reasons for using personal car/taxi/air travel; names, places of work and distance travelled by colleagues with whom you shared your car; why overnight accommodation was necessary and explanation of any other incurred costs; list of meals provided free of charge.

3) Declaration		
Did your trip count towards a bonus programme offered by a participating airline or the Deutsche Bahn AG?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
If yes: What points or other form of reward did you or will you receive for the trip?		
Note:		
You must obtain permission from your employer (travel department) before participating in bonus programmes in the context of a business trip		
I hereby declare that the information I have provided is true and accurate to the best of my knowledge.		
I incurred the costs as describe above.		
I attach the required receipts/proof of expenditure.	Date	Signature

To be completed by employer			
Reason for payment:	Financial year	Accounts department	Date:
Travel Expenses Form	20	Accounts department, third-party costs	
	Amount to be refunded EUR		Third-party costs EUR
	Amount in words if less than 500 EUR EUR expendable		Cent
			As above
Prepaid tax EUR		Calculation correct	
		Factually correct	
<input type="checkbox"/> If an amount is to be recovered:			(Job Title/Salary Group)
<input type="checkbox"/> Please complete Form D3/51 (acceptance document) as retirement document			
<input type="checkbox"/> Book third-party costs			
<input type="checkbox"/> To the data recording centre as authorisation of amount to be paid		Authorised under budget guidelines	
<input type="checkbox"/> If the amount is to be transferred with monthly salary/wages:			
<input type="checkbox"/> If necessary, please complete payment instruction		Checked	
Data recorded			(Job Title/Salary Group)
Transaction No.			

