

Travel Expense Claim Form: To:

Personnel number	Last name, First name	Company
Address / Place of residence		
Office or department		

Trip was authorized or approved on _____ by _____

as Business trip (§ 2 (2) HmbRKG)^A Reason for travel is for training or participation in examinations per § 23 (2) HmbRKG
 Trip per § 23 (3) HmbRKG

I request that reimbursement of expenses be made to the following account:

Bank	Routing number	Account number
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Travel begin: from Home Office Date and time _____ to _____

Mode of transportation Car Office vehicle Train ³⁾ Airplane ³⁾

Start of official business: Date and time _____ End of official business: Date and time _____

Return: to Home Office Date and Time _____

Mode of transportation: Car Office vehicle Train ³⁾ Airplane ³⁾

Information to be filled in by employee				To be filled in by office or department		
				EUR	Cent	
Travel subsistence allowance (contingent on the duration of absence)						
Absence for at least 8, but less than 14 hrs for	Day(s)	=	€			
Absence for at least 14, but less than 24 hrs for	Day(s)	=	€			
Absence for 24 hrs for	Day(s)	=	€			
Travel subsistence allowance for international travel (contingent on the duration of absence)						
Absence for at least 8, but less than 14 hrs for	Day(s)	=	€			
Absence for at least 14, but less than 24 hrs for	Day(s)	=	€			
Absence for 24 hrs for	Day(s)	=	€			
Use of an employee cafeteria	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Required overnight stays:						
Overnight stay allowance (no receipts)	€ x	Nights	=	€		
Expenses for overnight stay with receipt ¹⁾	€ x	Nights	=	€		
Breakfast included?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Overnight stay allowance for international travel	€ x	Nights	=	€		
Reimbursement per § 11 (1) HmbRKG ⁴⁾	€ x	Day(s)	=	€		
Reimbursement per § 17 HmbRKG	€ x	Day(s)	=	€		
Out-of-pocket expenses per § 23 (2) or (3) HmbRKG	€ x	Day(s)	=	€		
Travel expenses: Tickets – train, airplane, etc. ²⁾	Class ²⁾	=	€			
Surcharge and / or seat reservation ticket ²⁾		=	€			
BahnCard – (German Rail Frequent Traveler Card) ²⁾		=	€			
Travel expenses at place of employment ²⁾		=	€			
Travel expenses at business location ²⁾		=	€			
External costs for flight travel CO₂ emissions		=	€			
Motor vehicle reimbursement allowance for _____ km		=	€			
Vehicle use <input type="checkbox"/> for a material business purpose ¹⁾						
Passenger allowance: _____ km for _____ business passengers ¹⁾		=	€			
Ancillary expenses ^{1) 2)}		=	€			
Subtotal:						
Less: Benefits from third parties (§ 3 (3) HmbRKG) ¹⁾		=	€			
Allowance for extended stays (§ 3 of the Reg. for § 16 (5) HmbRKG):						
a) Extended stay travel allowance	Day(s) at _____	€	=	€		
b) Extended stay separation allowance	Day(s) at _____	€	=	€		
Gratuitous accommodations	Day(s) ¹⁾	=	€			
Gratuitous meals	Day(s) ¹⁾	=	€			
Total:						
I have already received a partial or progress payment:						
<input type="checkbox"/> I have a public transportation pass for travel to my place of employment				<input type="checkbox"/> Schedule payment:		
I have a BahnCard <input type="checkbox"/> I have a BahnCard 100 <input type="checkbox"/>				<input type="checkbox"/> Withhold or collect:		

¹⁾ Please provide details on the reverse-side hereof

²⁾ Please enclose receipts

³⁾ Please see explanation on the reverse-side hereof

⁴⁾ Please indicate marital status: Married Civil partnership Single

^{A)} Translator's note: Hamburg Travel Expenses Act

1) Detailed explanations

e.g.: Explanation of official business; reasons for using car / taxi / airplane; names, offices or departments as well as details of km traveled with business passengers; reasons for necessary overnight expenses, ancillary expenses; list of gratuitous meals.

3) Explanation

In your travel arrangements did you take part in a **rewards or bonus program** set up or offered by an airline or Deutsche Bahn AG? Yes No

If yes: Which benefits will be credited to you or can you expect?

Please note:

You may take advantage of such benefits in this regard only upon approval from your office or department (travel expense cost center).

I affirm that the information provided is correct.

I incurred the specified expenses.

The requested receipts are enclosed.

Date _____ Signature _____

To be filled in by office or department			
Reason for payment: Travel expense statement of account	Fiscal year	Account center	Date
	20	Account center external costs	
	Disbursement amount in EUR		External costs in EUR
	Amount in words – not required for amounts under EUR 500.00.		Cent as above
Input tax: EUR	Calculated correctly Factually correct (Title / Pay Grade) Valid per budget Approved (Title / Pay Grade)		
<input type="checkbox"/> For amounts to be withheld or collected: Prepare pre-printed form D3/51 (acceptance voucher) as accounting receipt <input type="checkbox"/> Book external costs <input type="checkbox"/> To data entry department for amount authorization For remittance together with monthly emoluments: <input type="checkbox"/> If applicable, prepare payment authorization			
Data entry File reference:			

Office or Department Stamp