Human Resources Administration
Service Unit Human Resources and Gender Equality
University of Vienna
1 Universitätsring 1
A – 1010 Vienna

universität wien

(PA /R2)

Travel expenses ☐ Domestic Trip ☐ International Trip

Personal Information

Last name (surname), first name (given name):	Bank:
Social security number Date of birth:	IBAN:
Office telephone:	BIC:
Office email:	

1. Trip Details

Travel expense advance: Euro

	Date (DD.MM.YYYY)	Time (HH:MM)
Start of trip:		
End of trip:		

Destination (city, country):

Purpose of the trip:

Cost centre/ Sub-account number from which payment should be operated:

Border crossing times when travelling abroad by car/bus/train, respectively take-off/landing times at Schwechat Airport:

	Date (DD.MM.YYYY)	Time (HH:MM)
Exit:		
Entry:		

If trip involves travelling across several countries: use a supplementary sheet to provide exit and entry date and time information for each and every border crossing.

2. Cost of Transport

2.1 Lump-sum kilometre allowance

License plate number:

Reasons travelling by car:

Distance (rounded to full kilometres): km x 0,42 Euro = **Euro**

Odometer reading: Start of trip: End of trip:

For local trips, attaching a supplementary sheet featuring a detailed, itemised list of individual trips is mandatory!

Names of passengers:

Distance (rounded to full km): km x 0,05 Euro x Number = **Euro**

2.2 Reimbursement of railway fares

☐ According to receipts

Receipt no.	Euro	Receipt no.	Euro	Receipt no.	Euro	
						= **Euro**

☐ No receipts (Travel subsidy) **Euro**

2.3 Other Transport Costs, According to Receipts

Receipt no.	Description	Remarks	**Euro**

In case of more single receipts, please proceed to **6.**, or attach a supplementary sheet, listing these.

3. Daily Allowance

☐ for the entire duration of the trip **Euro**

☐ for the period (date/time) from DD.MM.YYYY HH:MM to TT.MM.JJJJ HH:MM

Remainder of time was ☐ leisure time *or* ☐ working time **Euro**

☐ no daily allowance

4. Accommodation

If distance from place of work to destination exceeds 120 km., statement of grounds for purchasing accommodation is mandatory!
Statement of grounds:

☐ According to receipts

Receipt no.	excl. board	*or*	incl. breakfast		incl. lunch		incl. dinner	**Euro**
	☐	number:		number:		number:		
	☐	number:		number:		number:		
	☐	number:		number:		number:		

In case of more single receipts, please attach a supplementary sheet, listing these.

☐ According to flat rates Number of nights with no receipt: ____ x Euro ____ = **Euro**

Name and address of the accommodation provider:

☐ was paid directly by the Finance Department/by another department

No. of nights	excl. board	*or*	incl. breakfast		incl. lunch		incl. dinner
	☐	number:		number:		number:	

☐ Although the entire duration of the trip consisted of working time, no accommodation is being claimed.

5. Seminar, Congress, Convention or Other Participation Fees

☐ according to receipts

Receipt no.	excl. board	*or*	incl. breakfast		incl. lunch		incl. dinner	**Euro**
	☐	number:		number:		number:		
	☐	number:		number:		number:		
	☐	number:		number:		number:		

In case of more single receipts, please attach a supplementary sheet, listing these.

☐ was paid directly by the Finance Department/by another department

excl. board	*or*	incl. breakfast		incl. lunch		incl. dinner
☐	number:		number:		number:	

6. Miscellaneous Additional Expenses

Receipt no.	Description	Remarks	**Euro**

Total amount: _____ Euro

I acknowledge that any frequent flyer miles or bonus points I may acquire from business trips shall be redeemed exclusively for business trip related flights and/or accommodation. Any utilisation of such frequent flyer miles or bonus points for private purposes is prohibited.

Date Last name (surname), first name (given name) and signature of the applicant

The business trip (performance of prescribed duties at the place of employment, assignment) was required and duly authorised.
All above-mentioned reimbursements, which are subject to authorisation, are for expenses incurred in the interest of the Institution and are herewith authorised.

Date Last name (surname), first name (given name) and signature of the authorised supervisor