

Date

Request for Payment to compensate for a guest activity

(Only for visiting scientists with a maximum stay of one month and/or under 2,500 EUR honorarium/expense payment)

via the Dean's Office

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Stamp	Date, Signature
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Jump	
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Applicant/Guest Supervisor:

Chair:

Name,	First	name:
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Extension:

Funding:

Fonds:

Cost Center:

Financial item:

Guest Information:

Name, First name, Title:

Private address

(postal):

Home institution:

Title of lecture:

(Please attach program/announcement or similar)

Guest activity on/from:		to		at	hours	
Itinerary:						
Begin on	at	hours	End on		at	hours



Expenses:

A. Lump-sum compensation

Lump-sum total (incl. fees, travel, accommodation and lodging expenses)

OR

B. Single Invoice:

Airfare	from	to		EUR
Rail travel	from	to		EUR
Taxi*	from	to		EUR
Cartrin	from		km à ELID/km	EUR
Car trip	to		km à EUR/km (max. 130€)	
Public transportation			EUR	
Accommodation		EUR		
other		EUR		
*IPease attach justification		Total costs	EUR	

mathematically correct:

Signature Applicant/Guest Supervisor

I certify that I have incurred the travel expenses ind third party funding of	licated above. I have received (please indicate amount).	
I will pax tax on the fee received in the amount of	at my responsible tax office myself.	
The total amount due to me should be transferred to the following account:		
Bank (Name and seat)		
IBAN/Account-Nr.		