Date

School of Business & Economics

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						
Stamp			Date, Sign	ature		
Applicant/Guest Sup	ervisor:					
Chair:						
Name, First name:						
Extension:						
Funding:						
Fonds:						
Cost Center:						
Financial item:						
Guest Information:						
Name, First name, Title:						
Private address						
(postal):						
Home institution:						
Title of lecture:						
	(Please at	tach program/a	nnouncement o	r 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	EUR/km	EUR
Car trip	to		(max. 13		EUR
Public transportation					EUR
Accommodation					EUR
other					EUR
*IPease attach justification			Total co	sts	EUR

mathematically correct:

Signature Applicant/Guest Supervisor

I certify that I have incurred the trav	el expenses indicated above. I have received
third party funding of	(please indicate amount).

I will pax tax on the fee received in at my responsible tax office myself. the amount of

The total amount due to me should be transferred to the following account:

Bank (Name and seat)

IBAN/Account-Nr.

BIC/SWIFT-Code

Place Date Guest signature