

Please send us the travel claim form
as soon as possible after the journey

Deutsche Forschungsgemeinschaft
- Reisekostenstelle -

D-53170 Bonn

Travel Claim Form		
Surname, Given name, Title		
Private address		
Organisation		
Business address		
Date of invitation from the DFG	Reference	E-Mail
Journey from _____ to _____ by (means of transportation) ^{*)} _____		
Departure (date, time) _____		arrival (date, time) _____
Beginning of the meeting (date, time) _____	End of the meeting (date, time) _____	
Return from _____ to _____ by (means of transportation) ^{*)} _____		
Departure (date, time) _____		arrival (date, time) _____
Travel expenses ^{**)} regular means of transportation (train, aeroplane etc.)		Taxi etc. ^{**)}
Hotel expenses ^{**)}		
Bank and bank address	Bank code number	Account number
Name: _____	Swift-Code	IBAN-Nr.
Street: _____		
Place: _____		
Account holder (if not identical with applicant)		
Place, date		signature
The expenses for the journey will be reimbursed according to the German Federal Regulations on travelling expenses		
*) if travelling by car: number of kilometres		
**) please enclose receipts etc.		