**Travel expenses claim and reimbursement form**

**Reimbursement:**

I hereby request reimbursement for expenses (see attachments) which were incurred in connection with my above stated travel to \_\_\_\_\_

Full Name

Complete Home Address

= c/o (if applicable), Street + No, Postcode + City

IBAN

BIC/SWIFT

Date:

My original signature (no scans!): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*M&B Office Only!*

Project number: 5110 8301 01 / PSP D.01104.00.511000

Amount granted:       €

Approval Managing Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Full Name**: \_\_\_\_\_

**Destination**: \_\_\_\_\_

**Conference / workshop activities**

Start - Date / Time: \_\_\_\_\_

End - Date / Time: \_\_\_\_\_

**Outward journey:**

Travel from: [ ]  home address (place of residence) [ ]  office

Date / Time of departure: \_\_\_\_\_

Travel by: [ ]  flight [ ]  train

Travel to: [ ]  place of conference/workshop [ ]  hotel [ ]  Airbnb

Date / Time of arrival: \_\_\_\_\_

**Vacation**:

I combined the conference / workshop travel with private vacation: [ ]  yes [ ]  no

If yes, please list each day of travel between departure for the conference and your return home in a chronological order and state whether it was a travel, conference or vacation day. Please attach the list to your travel expenses claim.

**Return journey:**

Travel from: [ ]  place of conference / workshop [ ]  hotel [ ]  Airbnb

Date / Time: \_\_\_\_\_

Travel by: [ ]  flight [ ]  train

Travel to: [ ]  office [ ]  home address (place of residence)

Date / Time of arrival: \_\_\_\_\_

**Accommodation**:

I stayed in shared accommodation: [ ]  yes [ ]  no

**If NO**, please attach the hotel invoice. Make sure that hotel invoices are issued to your name followed by Berlin School of Mind and Brain, Humboldt-Universität zu Berlin, 10099 Berlin.

In case of Airbnb, the invoice has to be issued to your private home address (place of residence).

**If YES**, please fill in the person(s) you shared the accommodation facility with, add the exact costs for each person in €\* (i.e., person XYZ (XYZ €)) and then choose the applicable option:

The person/s is/are: *name, first name (XYZ €)*

[ ]  I paid the entire amount and apply for reimbursement of my partial accommodation costs as person *name, first name* has already paid his/her partial costs. (Please attach invoice and bank statement of your money transfer)

[ ]  Someone else paid and I have settled my share amount to person *name, first name* and apply for reimbursement of my partial accommodation costs. (Please attach copy of invoice stating the full amount and bank statement of your money transfer to the person stated above)

[ ]  Other (Please describe the situation and attach relevant documents, invoices and bank statements): *describe situation here*

*\* In case of foreign currency invoices, please provide a print statement of the exact amount in €. Use the currency converter OANDA (https://www.oanda.com/lang/de/currency/converter/) inserting the date of the invoice for conversion into €.*

**Third-Party Payments (for costs other than accommodation)**:

Some payments for my trip were made by other people: [ ]  yes [ ]  no

**If YES**, please fill in the person(s) who issued prior payments:

The person/s is/are: *name, first name*

Please also list the item (e.g. conference fee, etc.) the third party paid for and the amount in €\* and then choose the applicable option:

List: *XYZ (XYZ €)*

[ ]  I have repaid the entire amount to person(s) *name, first name* and apply for full reimbursement of according costs. (Please attach invoice and bank statements of your money transfer)

[ ]  Other (Please describe the situation and attach relevant according documents, invoices and bank statements): *describe situation here*

*\* In case of foreign currency invoices, please provide a print statement of the exact amount in €. Use the currency converter OANDA (https://www.oanda.com/lang/de/currency/converter/) inserting the date of the invoice for conversion into €.*

**List of attachments: Please number each attachment (top right hand corner, not stapled) and hand it in in the following order (smaller tickets and receipts need to be taped on a blank A4 sheets):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Date | Attached | not neccessary | checked by M&B |
| 1 | Conference/workshop overview (stating date, time, place and venue) |[ ] [ ] [ ]
| 2 | Part of program of conference/workshop stating your participation |[ ] [ ] [ ]
| 3 | Confirmation of attendance  |[ ] [ ] [ ]
| 4 | Your presentation (e.g. print of first slide of PPT, poster, 500wd report) |[ ] [ ] [ ]
| 5 | List of travel, conference/workshop and vacation days in chronological order |[ ] [ ] [ ]
| 6 | Accommodation documents (invoice, bank statements, list of persons, OANDA\*) |[ ] [ ] [ ]
| 7 | Third-party payment documents (e.g. specifications, bank statements, OANDA\*) |[ ] [ ] [ ]
| 8 | Travel documents (e.g. tickets, boarding passes, etc. OANDA\*) |[ ] [ ] [ ]
| 9 | Further expenses (conference fees, etc., OANDA\*) |[ ] [ ] [ ]
| 10 | Print of IBAN verification (https://www.iban-rechner.de/iban\_validieren.html) |[ ] [ ] [ ]

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**List of expenses in €:**

Please fill in the list of reimbursable expenses incurred. Add the number of the document according to the above list of attachments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Date | Receipt for | Total in € | Necessary explanation |
|  |  | Accommodation |  |  |
|  |  | Ticket |  |  |
|  |  | Fees |  |  |
|  |  | … |  |  |

I hereby confirm that the specifications and attachments I have supplied are complete and correct.

Date / Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My original signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_