Advance payment request for business travel

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| --- | --- | --- | --- | --- | --- |
| Last name, first name       , | | | | | Phone: |
| Taxpayer identification Number and date of birth | | | | | |
| Institute/ chair | | | | | |
| I request an advance payment | | | in the amount of  as appropriate | | |
|  | | | | | |
| For business travel to | | | | | |
|  | | from | | to       [*time frame*] | |
|  | | | | | |
|  | | | | | |
| Estimated travel costs: | | | | | € |
| Estimated lodging costs: | | | | | € |
| Estimated additional expenses (e.g. conference fees): | | | | | € |
|  | | | | | |
| Reimbursement is to be paid from       chapter/ title/ account  (*Kapitel, Titel, Kostenstelle*) | | | | | |
|  | | | | | |
| A copy of the business travel approval is enclosed. | | | | | |
|  | | | | | |
| Please transfer the advance payment to the following account: | | | | | |
| IBAN: |  | | | | |
| Bank: |  | | | | |
| BIC: |  | | | | |
|  | | | | | |
|  | | | | | |
| I am aware that I will be obligated to transfer the payment back if the deadline stated in Article 3 para 5 of the Bavarian Travel Expenses Act (cut-off period of 6 months) is exceeded or if the trip does not take place. | | | | | |

(date and place of signature) (signature)