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  | [x]  in the amount of      [ ]  as appropriate |
|  |
| For business travel to       |
|  | from        | to       [*time frame*] |
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|  |
| 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:  |       |
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|  |
| 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)