**[ ]  Domestic Trip [ ]  International Trip** (please tick appropriate box)

|  |  |  |
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|  | **Personal Information:** |  |
|  | Name of the organisational unit:       |  |
|  | Last name, first name:       |  |
|  | Office telephone:       | Office Email:       |  |
|  | Faculty /Institute:       |  |  |
|  |  |

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| --- | --- | --- |
|  | **Trip Details**  |  |
|  | [ ]  conference, workshop etc. Title:      Destination:       Date (DD.MM.YYYY):       until:       | **^** |
|  | [ ]  research travel (< 14 days) Purpose of the trip:      Destination:       Date (DD.MM.YYYY):       until:       |  |
|  | [ ]  research travel (> 14 days) Purpose of the trip:      Destination:       Date (DD.MM.YYYY):       until:       |  |  |

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| --- |
| **Travel expense advance** |
| Date/ Period(DD.MM.YYYY) |  Description | Cost (Euro) | Coverage from other sources |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  | **Total amount:** |       |       |

I hereby certify that I have no other funding available (e.g., start-up package (Berufungsmittel), project, department, faculty funds).

|  |  |  |
| --- | --- | --- |
|  | **Signature of the applicant** |  |
|  | Date       | Last name, first name and signature of the applicant |  |

|  |  |  |  |  |  |
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|  | **Statement of the supervisor of the PhD on the necessity of the planned research trip, conference participation, etc. (only for reimbursement requests over 350 €)** |  |  |  |  |
|  | Date:       Last name, first name and signature of the supervisor |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Statement of the Budget Officer** |  |
|  | Notes       |  |  |
|  | The anticipated cost of the requested trip at the amount of        | **Euro** are approved. |  |
|  | Date       | Last name, first name and signature of Budget Officer |  |