**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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|  | **Please fill in the following information (applicant):** | |  |
|  | Enrolment date:       FÖP date:       Dissertation agreement: | |  |
|  | Latest TAC date:       TAC in plan: | |  |
|  | Number of annual reports before TAC: |  |  |
|  |  | | |

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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: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |