Form Travel expense

Travel	lρr

Havellei								
Company:		Personnel number:						
Family name:			_ First na	ame:				
E-Mail:		Telephone number:						
Trip destination:			Purpose of trip:					
Date: (Start of the trip)	Time:		Date: _	o trin)	Time:			
Border Crossing (for foreign trips)								
		,	Date: (Return)		Time*:			
* For abroad travels with an airplane, the time of crossing the border is considered as the departure resp. the arrival at the domestic airport. If travelling by car, train, etc. it is the actual time of crossing the border.								
Meals paid for by the employer (please include number)								
Lunch: (Domestic) (Abroad)	h: Dinner: Omestic Abroad Omestic Omestic Omestic							
Receipts								
Hotel*:	Eur	Hotel Abroad*:_		Eur	Flight ticket:	Eur		
Taxi:	Eur	Taxi Abroad:		Eur	Parking fees:	Eur		
Business Entertainment: _	Eur	Fuel: (Company car)		Eur	Extras:	Eur		
* If there is no hotel receipt, it is possible to claim a standard amount (domestic: 15 Eur / night).								
Kilometre allowance (if the car is maintained by the employee, the car's log book should be seen)								
Business distance:		km_			Eur/km Eur/km 0,05 Eur/km for	r each passenger)		
		km	Kilome	tre allowar	nce: Eur/km			
Date:	Sig	nature:						
Date: (of approval)		Signature: (approval)						