|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Robert Bosch Stiftung GmbH  attn.  Postfach 10 06 28  70005 Stuttgart | | Please give this travel expenses claim for the attention of your contact person at Robert Bosch Stiftung GmbH. | | | Sender: | | | |
|  | | | | | | | | |
| **Travel expenses claim** | | | | | |
|  | | | | | | |
|  | | |  | | | | |
| Purpose/Event/Travel Destination | | | Date Time | | | | |
|  | | |  | | | | |
| Department/Project No. (if known) | | | Travel Time (Dates) | | | | |
|  | | | | | | |
| Cost types | Euro | | | Foreign currency | | |
| Travel tickets |  | | |  | | |

E.g. seating reservation.

|  |  |  |
| --- | --- | --- |
| Additional charges |  |  |

Car usage will be refunded with 0,30 €/km. Please provide start and end point, attach maps printout as evidence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Car usage | |  | |  |
| Taxi costs | |  | |  |
| Parking fees | |  | |  |
| **Total travel expenses** | |  | |  |
| Accommodation costs including overnight stay(s) | |  | |  |
| Miscellaneous |  | |  | |
| **Amount to be reimbursed** |  | |  | |
|  | | | | |
| Account Holder (Necessary if the address of the account holder differs from the address of the sender.) | | | | |
|  | | | | |
| Address | | | | |

Please make sure that your bank accepts bank transfers in euro (EUR, €).

|  |  |
| --- | --- |
|  | |
| Bank | |
|  |  |
| BIC/S.W.I.F.T.-Code | IBAN |
|  | |
| Bank Address (only in case of non-European payment transaction) | |
|  | |
| I confirm the accuracy of the statement and that I will not claim the travel expenses elsewhere. Evidence documents are attached in copy. For audit purposes, Robert Bosch Foundation has the right to request the original of individual receipts for the expenses for 10 years. | |
|  |  |
| Place/Date | Signature |