



Reimbursement Invoice

Last Name*, First Name*:

Street*: Postal/Zip Code*, City*:

(Please make sure to enter your **private address**.)

Country*: Telephone:

E-Mail*:

Bank Name* (applicant and account owner must be identical):

Account number*: Bank Code (BLZ):

Swift (BIC)-Code*: IBAN-Code / Routing number*:

Name of conference / activity*:

*mandatory field

Travel Costs (please attach all original receipts)

Train: _____

Flight: _____

Public Transportation: _____

Personal Car (0.20 Euro per km*): _____

* Please include a Google Maps map with the exact km indication from the place of departure to the destination

Other: _____

Total Euros: _____

Total Other: _____

I guarantee that the travel costs listed above will be neither requested nor reimbursed from another source.

Date/Location*

Signature*

Please note that unfortunately...:

- ...we can only accept originals (no copies/ scans); online tickets and reservations are accepted
- ...we cannot reimburse any business/first class flights or first class train tickets
- ...the maximum amount for hotel invoice reimbursements is 100,- € per day
- ...we cannot reimburse any food or restaurant bills, personal expenses or rental cars
- ...the reimbursement deadline is within **6 months** after the event

Please print, sign and return to

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85748 Garching, Germany