Please send to: Daimler und Benz Stiftung Dr.-Carl-Benz-Platz 2 68251 Ladenburg

Date

## **Daimler** und **Benz Stiftung**

Travel Expense Report Please submit within 3 months.			
Name			
Firm*			
Tax-ID Number*	Serial No.*		
Event:			
Date		* Only for	business(wo)men
In connection with this event, I have incurr reimbursed:	ed the following expenses, which	are not otherw	rise
Subject	Amount	Net*	Sales Tax*
<ul> <li>Information for the travel expenses report:</li> <li>Travel by train: Only second-class tickets are rein are reimbursed; we regret that, for holders of a B</li> <li>For flights, economy-class ttickets are reimburse</li> <li>In the case of travel by your own automobile, please Kilometers traveled will be billed at the applicable</li> <li>Please attach original tickets or airline tickets or The originals will be returned to business(wo)modeling</li> <li>The reimbursement of these expenses shown</li> </ul>	BahnCard 100, no travel expenses can bed.  Is give the route, the number of kilome e mileage allowance in accordance with digital receipts as PDF or scans, invoice en on demand after processing.	ters and the licens the Federal Trave es cannot be accep	e number driven. l Expenses Act.
-	uid be transferred to the followin	ig account:	
Account Holder:  Bank: (including country and city by foreign accounts)  IBAN:			
SWIFT-Code (BIC):			
Purpose of use:			
I hereby confirm that I made this trip in co the travel expenses will not be covered by		Benz Foundati	on and that
Place			