|  |  |
| --- | --- |
| **Payment Order |** Travel and other expenses on the occasion of the interview on:  | Click here |

|  |  |  |
| --- | --- | --- |
| Last name: |  | First name: |
| Click here |  | Click here |

|  |
| --- |
| Address: |
| Click here |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank: |  | IBAN: |  | BIC: |
| Click here |  | Click here |  | Click here |

|  |  |  |
| --- | --- | --- |
| Interview at department: |  | At company: |
| Click here |  | Please select |

|  |  |  |  |
| --- | --- | --- | --- |
| Start of trip **(date)**: | Click here | End of trip **(date)**: | Click here |
|  |  |  |  |
| Start of trip **(time)**: | Click here | End of trip **(time)**: | Click here |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Expenses** | **Reimbursement** |
| Railway ticket |  | Click here |  |
| Bus, suburban train, underground, tram etc. | Click here |  |
| Flight ticket |  | Click here |  |
| Taxi costs |  | Click here |  |
| Private vehicle | *Number of km (at 0,30 EUR):* Click here | Click here |  |
| Hotel costs | *No. of nights:* Click here*Deduction from breakfast, if not apparent on the hotel bill: 5,60 EUR per night (mandatory)* | Click here |  |
| Other expenses | Click here | Click here |  |
| **Total amount** |  | Click here |  |

Reimbursement and deduction of input tax is only possible if you hand in the original receipts. Only exception is the return ticket: a hardcopy is sufficient. Please add in writing “Steuerfreie Erstattung durch Sanofi-Aventis Deutschland GmbH” on the ticket.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature applicant** |  | **Date:** | Click here |

Please send the completed form and the supporting documents to the responsible recruiter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HR Recruiter / RAWF-Receiver |  | Telephone |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Cost centre |  | Nominal account |  |  |
|  |  | **75 780 100** |  |  |
|  |  |  |  |  |
|  |  | Name/Signature |  | Date |
| **Approval and payment order** |  |  |  |  |

If the expenses exceed the amount of 1,000€, a second signature is necessary:

**(Signature directive – status: 01.12.2016)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Name/Signature |  | Date |
| Approval and payment order |  |  |  |  |