Annex 4/a

Serial number:
...../20.....

TRAVEL PLAN
for Foreign Posting

Name, position and tax identification number of the traveller:
.....
Employment unit (faculty/doctoral school/other):
Purpose of the trip:
In the case of a study trip, what is the study programme the trip is part of?*
TEMPUS, other EU-level cooperation, intergovernmental cooperation, institutional cooperation, foundation support, invitation, personal organisation, other:
.....
In the case of a conference, the title of the conference:
Title of the presentation/poster the traveller wishes to give/present:
.....
Location of your stay abroad or of the online conference (country, city, institution, etc.)
.....
Date, duration:.....
Will you enjoy full-board catering during the period of posting (underline as appropriate)?

Yes / No If yes, for how many days? .....

Budget plan / Commitment

			Foreign currency		HUF	Financed from			
			amount	currency	amount	unit identifier/ cost centre	fund/ source code	signature of the person making the	signature of the person verifying
1	Daily allowance for	days, total							
2	Accommodation charge for	nights, total							
3	Participation fee:								
4	Travel costs:								
5	Other/in particular (e.g. travel insurance, visa, transfer, etc.):								
6	Total HUF advance requested:								
	Bank account no.:								
7	Currency of the transfer								

*Note: subject to the limits laid down in the Regulation of Powers and Competence Relating to Financial Management

Means of travel:.....

Of the 20 days of extraordinary posting available for the year ....., I have so far used .... days:

Please authorise ..... days' posting /..... days' ordinary/..... days' unpaid leave and the money transfer.
Enclosures:
- conference publication
- in the case of foreign currency transfer, a form filled in with the details necessary for the transfer
- car calculation
- confirmation of lecture
- invitation letter; proof of accommodation
- in the case of a study trip financed from scholarship, a declaration that you receive scholarship

I acknowledge *that, within 15 working days of my arrival home, I must account for the advance money provided to me (cash + bank transfer) by completing the EXPENDITURE DECLARATION FORM FOR FOREIGN POSTING and submitting the accompanying invoices and travel report to the authorising office. I will repay the ineligible amount specified in the settlement, after the acceptance of the statement, by bank transfer or in cash to the cashier's office, at the latest within 30 days after my arrival home.*

Place and date:

.....
traveller's signature

The authorising office will forward the relevant documents after settlement by the traveller to the Directorate for Economic Affairs without delay.

I support/do not support the authorisation of the travel:

Comments:

Place and date:..... .....
signature

Authorised by the Dean/Rector:

signature date

financial countersignature:

Approved by the Chancellor:

signature date

TRAVEL REPORT (draft)
For Foreign Posting

Name:

_____

Position:

_____

Place of posting (country, city, institution):

_____

Date and duration of posting:

_____

Purpose of posting: (participation in conference, study trip, research work, guest lecturer activities):

_____

Nature of the posting: per diem study trip, study trip financed from scholarship, based on intergovernmental work plan, posting by another body, invitation:

_____

Title of the event:

_____

Name and address of the hosting party in the case of invitation:

_____

Detailed professional analysis of the study trip, the topic of the lecture/poster given:

_____

Initiatives on the part of the host and visited institutions to maintain or expand relationships (invitations, scholarship offers, etc.):

_____

Other comments, suggestions:

_____

Date:

Signatures:

Traveller Authorising Office

Calculation

For Travelling Abroad in the Employee's Own Car
(a calculation must be made when the trip is authorised and a settlement is needed after the trip)

Name and position of the traveller:
Planned route:
Details of the car:

Registration plate:
Type:
Engine capacity cm^3:
Fuel type:
Fuel standard l/100 km (A):
Amortisation cost HUF/km (B):
Unit price of fuel in HUF (C):
Total length of the route km (D):

Flat-rate fuel and depreciation costs:

Fuel cost (D/100xAxC):

Amortisation cost (BxD):

Any additional costs verified by invoice:

Motorway toll in HUF:
Motorway toll in foreign currency* and in HUF:
Parking fee in foreign currency* and in HUF:
Foreign currency exchange rate**:

Total cost in HUF:

Notes:
* Proof to be attached
** The exchange rate on the currency exchange receipt or, if it is not available, the mid-market exchange rate specified by the National Bank of Hungary on the 15th day of the month preceding the trip.
A travel plan requires the completion of a calculation sheet; however, a travel order must be completed when settling accounts.

Place and date: Veszprém, 20

Signatures:

Traveller	Authorising Office

EXPENDITURE DECLARATION FORM FOR FOREIGN POSTING

UNIVERSITY OF PANNONIA	Serial number: ……../20…..

I. TRAVEL ORDER

1. Data relating to the posting:

<table>
<tr><td colspan="2">Name of the person posted:
Tax identification number of the person posted:</td><td>Means of travel</td><td colspan="4">.</td></tr>
<tr><td colspan="2">position:</td><td colspan="5"></td></tr>
<tr><td colspan="2" rowspan="2">Workplace:</td><td rowspan="3">place and duration of posting</td><td>country/ city</td><td></td><td></td></tr>
<tr><td rowspan="2">Purpose of posting:</td><td>day</td><td colspan="2"></td></tr>
<tr><td colspan="4">from ……20 to……20</td></tr>
<tr><td colspan="6">Financed from:</td></tr>
</table>

2. Advance paid:

Accounting document number	Amount in HUF	Date
1		
2		

3. Expenses paid in advance: *(for information purposes only (accounted for earlier))*

Accounting document	Foreign currency		HUF
Title, registration number	currency	amount	
Participation fee			
Accommodation charge			
Other			
		Total:	

4. Departure, arrival, border crossing data:

Departure				Arrival		
		When			When	
from where	means of transport	month	day, time	destination	month	day, time

II. EXPENSE REPORT

Any additional expense other than the daily allowance can only be accounted for with the help of an invoice issued to the name of the **University of Pannonia**.
This may include:

- In the case of travel by air or train, taxi fare or local transport fare for one journey from the place of arrival to the accommodation and back can be accounted for if supported by an invoice.

5. Settlement of daily allowance
(For information purposes only, for cost accounting by the Directorate of Human Resources Management)

Number of days	Daily allowance / day (EUR)	Total in HUF

6. Settlement of accommodation charge: (*to be deducted e.g.: meals except breakfast, minibar consumption, telephone usage)*

Doc. no.	Country	Accommodation charge in the currency of the accounting document			To be deducted	Eligible	Foreign currency exchange rate	HUF
		no. of days	foreign currency	amount				
						Total:		

7. Settlement of other material expenses incurred in foreign currency *(e.g. participation fees)*

Doc. no.	Incurrence of expenses			Foreign currency			HUF
	place	time	reason	currency	amount	exchange rate	
						Total:	

8. Settlement of other material expenses incurred in HUF:

Doc. no.	Reason for incurrence of expenses	HUF			
				Total:	

SUMMARY

Settlement of advances paid		Settlement of daily allowance	
(A.) Advance paid (2.):		(a.) Gross daily allowance (5):	
(B.) Total material expenses (6.-8.):		(b.) Deductions (-):	
(A-B) Difference to be accounted for:		(a-b) Net: (in the case of employment, transferred by the HR Management):	
Settlement in total: (to be settled by the Directorate for Economic Affairs)			

Place and date: Signature of the person posted: _____

I certify the necessity of the time spent in posting and the completion of the task:

Head of organisational unit/person making a commitment

Based on the above, I approve the settlement:

Place and date:

_____

Approver

Annex 4/e

Veszprém Provision of Data for Accounting for Daily Allowance Abroad

Serial number: ...../20...

Please carry out the accounting process on the basis of the information provided on the form.

To be filled in by the traveller:	
Surname of the person posted:	
First name of the person posted:	
Place of residence:	
Place and date of birth:	
Mother's surname:	
Mother's first name:	
Social security number:	
Tax identification number:	

Additional mandatory information to be completed in the case of a foreign national

Nationality:	
Gender:	

Per diem days: from ..... 20.... to ..... 20....

Destination:.....

Funds provided in HUF (unit identifier):.....

To be filled in by the DHRM / Directorate for Economic Affairs:	
Gross daily allowance (.....day(s) * .... EUR/day * ..... HUF/EUR)	
Tax-free part of daily allowance (30%, max. 15 EUR/day)	
Taxable part (70%)	
Social contribution tax	
Deduction from daily allowance	
Net payment	

I declare that I received full-board catering for ..... days during the period of my posting.

I, the undersigned, agree that the DHRM may provide the Directorate for Economic Affairs with my data relating to this daily allowance in connection with cost accounting.

Place and date: Veszprém, ... 20....

....

Directorate of Human Resources Management Traveller's signature

Annex 4/f

TRAVEL DATA SHEET FOR THE ORGANISATION OF INTERNATIONAL TRIPS

Please provide all details accurately to ensure a quick and seamless booking of your trip and the related services. Please indicate a negative answer by crossing out the box. **The Travel Data Sheet is an annex to the Travel Plan.**

I. TRAVELLER'S DATA	
Name of the traveller as indicated in the travel document:	
Name of the requesting organisational unit:	
Traveller's contact details: mobile phone number and e-mail address (required):	
Travel document number: Passport or:	
ID Card:	
Travel document expiry date (dd.mm.yyyy):	
Place of issue of travel document:	
Traveller's date of birth (dd.mm.yyyy):	
Country of nationality (e.g. Hungary):	

II. FLIGHT TICKET REQUISITION DETAILS	
Destination (country/city):	
OUTWARD JOURNEY	
City/airport of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	

City/aiport of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Airline:	
Direct or connecting flight:	
Place and time of changing planes (country/city/airport and time):	
In the absence of pre-selected transfers, minimum time of stopover:	
RETURN JOURNEY	
City/airport of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	
City/airport of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Airline:	
Direct or connecting flight:	
Place and time of changing planes (country/city/airport and time):	
In the absence of a pre-selected connecting flight, minimum time of stopover:	
Do you need the following fee-paying services?	
Do you wish to check in baggage within the weight limit (if yes, how many pieces, sizing may vary from airline to airline)?	
Airport check-in:	
Carrying hand luggage:	
Booking seat:	
Priority boarding:	

Do you require on-board catering (in the case of special dietary requirements, please indicate the exact requirements, e.g. vegetarian, lactose sensitive, gluten sensitive, etc.)?	
More legroom:	
Class:	
Do you require flight insurance?	
Other needs:	

III. INTERNATIONAL RAIL TICKET REQUISITION DETAILS	
Destination (country/city):	
OUTWARD JOURNEY	
City / railway station of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	
City / railway station of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Railway company:	
Direct or connecting service:	
Place and date of changing trains (country/city/railway station and time):	
In the absence of a pre-selected connecting service, minimum time of stopover:	
RETURN JOURNEY	
City / railway station of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	

City / railway station of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Railway company:	
Direct or connecting service:	
Place and date of changing trains (country/city/railway station and time):	
In the absence of a pre-selected connecting service, minimum time of stopover:	
Do you need the following fee-paying services?	
Class (first class, second class):	
Reserved seat:	
Sleeping car:	
Couchette:	
On-board catering:	
Other needs:	

IV. INTERNATIONAL BUS TICKET REQUISITION DETAILS	
Destination (country/city):	
OUTWARD JOURNEY	
City/coach station of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	
City/coach station of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Coach company:	
Direct or connecting service:	

Place and time of changing coaches (country/city/coach station and time):	
In the absence of a pre-selected connecting service, minimum time of stopover:	
RETURN JOURNEY	
City/coach station of departure:	
Departure date (dd.mm.yyyy and hours.minutes):	
City/coach station of arrival:	
Arrival date (dd.mm.yyyy and hours.minutes):	
Coach company:	
Direct or connecting service:	
Place and time of changing coaches (country/city/coach station and time):	
In the absence of a pre-selected connecting service, minimum time of stopover:	
Do you need the following fee-paying services?	
Do you wish to check in baggage (if yes, how many pieces)?	
Reserved seat:	
Other needs:	

V. CAR RENTAL DETAILS	
County/city/location of pick-up:	
Will the car be dropped off at the pick-up location?	
Date of pick-up (dd.mm.yyyy and time):	
Date of drop-off (dd.mm.yyyy and time):	

Car size and type:	
Price category (‘from / to’ range):	
Number of passengers:	

VI. TRANSFER REQUEST	
Departure location (country, city and pick-up location):	
Arrival location (county, city and drop-off location):	
Date of outward transfer (dd.mm.yyyy and time):	
Date of return transfer (dd.mm.yyyy and time):	
Price category (‘from / to’ range):	
Number of passengers:	

VII. ACCOMMODATION REQUISITION DETAILS	
Place of accommodation (country, city):	
Name of accommodation:	
Check-in date:	
Check-out date:	
Maximum rate / person / night:	
Category (1-5*):	
Location of accommodation (optional or by specifying region - streets):	
Room type (room with 1-2-3-4 beds, separate double room, double room with 2 beds for 1 person, double room for 1 person. If you require a room with more than one bed, please specify the person you want share your room):	

Late check-in (after 6:00 p.m., specify exact arrival time)?	
Smoking/non-smoking room?	
Do you need breakfast with your accommodation?	
Other requests (Wi-Fi, parking place, air conditioner, etc.):	

VIII. TRAVEL INSURANCE DETAILS	
Start of insurance (dd.mm.yyyy):	
End of insurance (dd.mm.yyyy):	

IX. CAR INSURANCE DETAILS	
Name of the operator of the car:	
Destination country(ies):	
Start of insurance (dd.mm.yyyy):	
End of insurance (dd.mm.yyyy):	
Make and model of the vehicle:	
Date of the vehicle's registration:	
Vehicle's registration document number:	
Engine capacity of the vehicle:	
Power output of the vehicle (kw):	
Other comments:	

X. CONFERENCE REGISTRATION SERVICES	
Title of the conference:	
Conference venue:	

Start of the conference (dd.mm.yyyy):	
End of the conference (dd.mm.yyyy):	
Registration fee (early bird, normal fees) :	
Deadline for the payment of the registration fee (dd.mm.yyyy):	
In the case of group registration: how many people?	
Name of beneficiary (account holder):	
IBAN code:	
SWIFT code:	
Comments field (reference code and/or name):	
Other requirements e.g.: payment by credit card (in the case of payment by credit card, the login codes and data required for registration must be provided in the form of a screenshot and the registration and payment interface must be sent by e-mail)	

XI. VISA APPLICATION	
Country:	
Start of stay abroad (dd.mm.yyyy):	
End of stay abroad (dd.mm.yyyy):	
Do you have an invitation letter?	
Purpose of your trip/ travel status:	

XII. OTHER INFORMATION THE TRAVELLER WISHES TO COMMUNICATE

Place and date: .....

Traveller's signature: .....

Annex 4/g

ORDERING / AUTHORISING DOMESTIC POSTING OR BUSINESS AND OFFICIAL TRIPS

Name of the requesting organisational unit: .....
Cost centre: .....
Name and position of the traveller: .....
*Legal relationship with the University of Pannonia: *employee, PhD student, student, legal relationship based on a contract of agency/service contract, other:* .....
Itinerary of the posting/trip: .....
date: .....
reason, purpose: .....
partner's name: .....
*Means of transport: vehicle owned by the University, vehicle owned by the employee, public transport, external service provider (taxi, micro bus, chartered coach, etc.)
Estimated cost of using an external service provider:

Participation / registration fee: ..... Accommodation charge: .....

Passenger transport service (taxi, chartered bus, micro bus, etc.): .....

Meals: ..... Other: .....

Date

person ordering posting or business trip
signature of person ordering posting if different from person with supervisor's authority

person ordering/authorising posting or business trip
for postings: signature of person with supervisor's authority
for business trips: sign. of person making a commitment

* **I agree / disagree** with the posting:

Date

person making a commitment
superior of the supervisor
/head of the comprehensive organisational unit / Dean/Rector/Chancellor
signature

Date

person making a commitment at the cost centre
/if the person making a commitment at the cost centre is not the approving superior/
signature

Date

person certifying coverage
signature

** Underline the relevant part*

Documents to be enclosed: a document justifying the purpose of the posting (e.g. invitation letter, invitation to the conference, timetable, etc.)

Annex 4/h

D E C L A R A T I O N

of the Details of the Vehicle Owned by the Employee or a Close Relative

I, the undersigned ..... (name, tax identification number) hereby declare I that I will use the **flat-rate method** of settlement for postings by car owned by employees.

Make and model of the car: .....

Engine capacity: .....

Registration plate: .....

Ownership of the vehicle *:

- my own property,
- owned by a close relative.

Close relative's details:

- name: .....
- family relationship* : spouse, direct relative/parent, child/, adopted, step- or foster child, adoptive, step- or foster parent, sibling

As proof of ownership of the vehicle, **I enclose with this declaration** – in compliance with the statutory rules on record keeping – a **copy of the registration certificate** issued by the transportation administration authority, or, in the case of revocation of the registration certificate, the **certificate issued by the transportation administration authority**.

Fuel used*:

Unleaded petrol ESZ-95
Hybrid
Electric
Diesel oil
LPG gas

A copy of the **vehicle's registration certificate** must be attached to the declaration.

***** *Note: underline as appropriate*

Place and date: .....

.....
signature