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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VOM ANTRAGSTELLER AUSZUFÜLLEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | VOM ZUSTÄNDIGEN VORGESETZTEN, | | |
| Familienname, Vorname | | | | | | | | | | | | | | | | | | | | | **Anlageblatt Nr.:**  **zum Antrag vom:** | | | | | | | | | | |  | TAGUNGSLEITER ODER VORSITZENDEN ZU BESTÄTIGEN | | |
| **Art des Dienstgeschäfts** | | | | | | | | | | | | | | | | | | | | | **Reiseziel (Ort)** | | | | | | | | | | |  | Die Angaben des Antragstellers sind  sachlich richtig. | | |
| **Beginn der Reise an** | | | | | | | | | | | | | | | | | | | | | Datum | | | | | | | | Uhrzeit | | |  |  | | |
|  |  | | der Wohnung | | | | |  | sonstiger Stelle | | | | | | | | | |  | |  | | | | | | | |  | | |  |  | | |
|  |  | | der Dienststelle | | | | |  |  | | | | | | | | | | → | |  | | |  | | |  | |  | |  |  |  | | |
| Beginn/Ende des Dienstgeschäfts (Datum, Uhrzeit) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | Datum/Unterschrift | | |
| **Ende der Reise an** | | | | | | | | | | | | | | | | | | | | | Datum | | | | | | | | Uhrzeit | | |  |  | | |
|  |  | | der Wohnung | | | | |  | sonstiger Stelle | | | | | | | | | |  | |  | | |  | | |  | |  | |  |  | **WIRD VOM OSA/SSA AUSGEFÜLLT** | | |
|  |  | | der Dienststelle | | | | |  |  | | | | | | | | | | → | |  | | |  | | |  | |  | |  |  | Tagegeld |  |  |
| Begründung für Beginn/Ende der Reise an der Wohnung | | | | | | | | | | | | | | | | | | | | | Entfernung Dienststelle- Reiseziel | | | | | | | | | | |  | Anreise |  |  |
|  | | | | | | | | | | | | | | | | | | | | | (km) | | | | | | | | | | |  |  |  |  |
| **Übernachtungskosten bei Hin- und Rückfahrt;** wegen der Benutzung | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | ./. Einbehalt |  |  |
| von Beförderungsmitteln sind **keine** Übernachtungskosten entstanden | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |
|  | | bei Hinfahrt | | | | | |  | | bei Rückfahrt | | | | | | | | | | |  | | | | | | | | | | |  | Aufenthalt |  |  |
| **amtlich unentgeltliche Unterkunft** | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | |  |  |  |  |
|  |  | | Nein | | | | |  | Ja | | | | | | | Zahl der Nächte | | | | |  | | | | |  | | | |  | |  |  |  |  |
| **amtlich unentgeltliche Verpflegung** | | | | | | | | | | | | | | | | | | | | | Frühstück | | | | | Mittagessen | | | | Abendessen | |  | ./. Einbehalt |  |  |
|  |  | | Nein | | | | |  | Ja und zwar | | | | | | | | am Anreisetag | | | |  | | | | |  | | | |  | |  |  |  |  |
|  |  | |  | | | | |  |  | | | | am/an Aufenthaltstag(en)\* | | | | | | | |  | | | | |  | | | |  | |  | Abreise |  |  |
| \* bitte Anzahl angeben | | | | | | | | | | | | | | am Abreisetag | | | | | | |  | | | | |  | | | |  | |  |  |  |  |
| Inhaber einer Bahncard | | | | | | | |  |  | | | | |  | | dienstlich erworben | | | | |  | | | | | | | | | | |  |  |  |  |
|  |  | | Nein | | | | |  | Ja | | | | |  | | privat erworben | | | | |  | | | | | | | | | | |  | ./. Einbehalt |  |  |
| **Beförderungsmittel** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | |
|  |  | | Dienstkraftwagen | | | | |  | unentgeltliche Mitfahrt | | | | | | | | | | | |  | | | | | | | | | | |  | Übernachtungsgeld | | |
|  |  | | regelmäßig verkehrende Beförderungsmittel | | | | | | | | | | | | | | | | | | Fahrpreis | | | | | | |  | | | |  | Anzahl | Satz |  |
|  | | | | | |  | | | | | Bahn/Flugzeug Klasse: | | | | | | |  | | |  | | | | | | |  | | | |  |  |  |  |
|  | | | | | |  | | | | | Zuschlag, Platzkarte usw | | | | | | | | | |  | | | | | | |  | | | |  | Fahrkosten | |  |
|  | | | | | |  | | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | Wegstreckenentschädigung | | |
|  | | | | | |  | | | | | Bus, Straßenbahn | | | | | | | | | |  | | | | | | |  | | | |  | km | Satz |  |
|  |  | | sonstige (bitte Belege beifügen und auf diesen begründen) | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  |  |  |
|  |  | |  | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |  | Mitnahmeentschädigung | | |
|  |  | | privateigenes Kraftfahrzeug; **gefahrene km** (Hin- und Rückreise) | | | | | | | | | | | | | | | | | |  | | | | km | | |  | | | |  | km | Satz |  |
|  |  | |  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |
|  | | |  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Fahrradentschädigung | | |
|  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | km | Satz |  |
|  | | | Erhebliches dienstliches Interesse | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  |  |  |
|  | | |  |  |  | | Ja, Grund: | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  |  |  |
|  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Nebenkosten | |  |
|  | | | dienstlich Mitreisende (Name, Dienststelle) | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Zuschuß zum | |  |
|  |  | | Fahrrad | | | | | | | | | | | | | | | | | |  | | | | km | | |  | | | |  | Übernachtungsgeld | |  |
| **Nebenkosten** | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Erstattung | |  |
| (bitte Belege beifügen und auf diesen begründen) | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Verpflegungsauslagen | |  |
| **Antrag auf** | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  | Reisekostenvergütung | |  |
|  |  | | **Zuschuß zum Übernachtungsgeld** | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | | (bitte Belege beifügen | | | | | | | | | Kosten | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | | und auf diesen begründen) | | | | | | | | | Zahl der darin | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | | enthaltenen Frühstücke | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  |  | | **Erstattung von Verpflegungsauslagen bei Dienstgängen** | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | | Kosten | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |  |  | |  |
|  | | | (bitte Belege beifügen | | | | | | | | | für Frühstück | | | | | | | | |  | |  | | | | |  | | | |  |  | |  |
|  | | | und auf diesen begründen) | | | | | | | | | Mittagessen | | | | | | | | |  | |  | | | | |  | | | |  |  | |  |
|  | | | Abendessen | | | | | | | | | | | | | | | | | |  | |  | | | | |  | | | |  |  | |  |
| Ich versichere pflichtgemäß die Richtigkeit meiner Angaben. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
| Die in diesem Antrag enthaltenen Daten werden für die Bearbeitung mittels EDV gespeichert. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
|  | | | | | | | | | | | | | | | Datum | | | | |  | | Unterschrift | | | | | | | | | |  |  | |  |

A1C Anlage ai 2022