

**Cost statement of a trip for and on behalf of the
Dachverband Tanz Deutschland**

Name: _____

Address: _____

Function: DIS-TANZ-START registered/eligible dancer

IBAN: - - - - | - - - - | - - - - | - - - - | - - - - | - - - -

Bank Name: _____ BIC _____

On the occasion of DIS-TANZ-START Audition

in Hannover on _____ until _____

Departure from _____ on _____ at _____ am/pm

Arrival in _____ on _____ at _____ am/pm

Begin of participation on _____ at _____ am/pm

End of participation on _____ at _____ am/pm

Return trip from _____ on _____ am/pm

Arrival in _____ on _____ am/pm

The following costs were incurred by me: I request their reimbursement (original receipts only):

1. Travel costs

1.1. Use of Deutsche Bahn 2nd class _____ €

1.2. Other travel costs (public transportation) _____ €

Taxi, please justify _____ €

1.3. Use of private vehicle (please justify)

Justification: _____

Kilometres driven (shortest route): _____ km x 0,20 € = _____ €
maximum reimbursement: 150,00€

2. Other costs (Accommodation costs, attach original receipts)

Explanation: _____ €

Train payment paid by me paid by DTD _____ €

Hotel payment paid by me paid by DTD _____ €

Meals included in price breakfast on _____ from - until _____

lunch on _____ from - until _____

dinner on _____ from - until _____

I hereby confirm that the information above is accurate and complete. For this trip, I

-neither applied nor will I apply for compensation/ reimbursement for travel costs anywhere else

-neither received compensation/ reimbursement from anywhere else nor has it been promised to me.

_____ on _____ signature

Attachments: original receipts for train trip, additional charges, public transportation, accommodation*

*please cross out what does not apply

Will be filled out by the processing employee of DTD

sum of 1-2 _____ €