Ref. NoOP II,III / Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP The reference number must correspond to the progressive numbering indicated in the financial statements in the final report						
Surr Nati Hom	(1) PERSONAL DATA Surname: Forename: Nationality: Home institution: Staff position/student year of study at home institution:					
TYP	TYPE OF ACTIVITY (Tick as appropriate)					
	STAFF	TAFF STUDENTS				
•••	Teaching/training	g assignment		Study period		
•••	Training and retr	aining purposes		Participation in intensive courses		
•••	Updating program	nmes and courses		Practical placements, internships in companies, industries or institutions		
•••	Practical placeme	ents in companies, industries		Participation in short term activities linked to the management of the project		
•••	Project managem	ent related meetings	I			
	Workshops and vi	sits for result dissemination pu	ırposes			
	(2) DETAILS O	F THE TRAVEL				
PERIOD*		From (Depart date) (dd/mm/yy)		To (Return date) (dd/mm/yy)		
PLACE OF HOME INSTITUTION COUNTRY						
PLACE OF DESTINATION/ LOCATION OF ACTIVITY  HOST INSTITUTION: City			y			
TR	AVEL DISTANO	CE***		km		
*Please indicate period of travel from departure to return to place of origin  ** If different from Home institution please enclose authorisation from the Agency  ***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities						
,	(3) DETAILS O	OF THE ACTIVITY				
	DATES (excluding travel) From (date): To (date):					
DESCRIPTION OF ACTIVITY(IES) PERFORMED (brief description of the activities performed)						
SIGNATURE OF THE PARTICIPANT						
I hereby declare that I have been carrying out the above-mentioned activities.						
Date	Date: Signature:					

The reference number m	ust correspond to the progre	essive numbering indica	ted in the financial state	ements in the final report	
(1) PERSONAL		Ган			
Surname: Forename:					
	nt year of study at hom				
DETAILS OF THE					
DEDIOD*	From (Depart date	e) (dd/mm/yy)	To (Return date) (dd/mm/yy)		
PERIOD*	<u></u>		<mark></mark>		
PLACE OF	HOME INSTITUTION	N			
DEPARTURE**					
PLACEofDESTI./	COUNTRY	۱: <mark></mark>			
LOC.ofACTIVIT.	COUNTRY	City <mark>.</mark>	<del></del>		
TDANEL DICTANA	OTC * * *	<u></u> ]	IZ		
TRAVEL DISTANO	CE	••••••••••••••••••••••••••••••••••••••	NIII		
*Please indicate period of to	ravel from departure to return	to place of origin			
** If different from Home in	stitution please enclose author	isation from the Agency		us-plus/tools/distance_en.htm)	
from place of departure to le		caiculaior: <u>nilp://ec.euro</u> j	pa.eu/programmes/erasm	us-pius/100is/aisiance_en.nim)	
(2) DETAILS O	F THE ACTIVITY				
	wel) From (date):		To (date):		
	CTIVITY(IES) PERFO				
	, ,		1 3	1	
See page 1 and 4					
TRAVEL COSTS (U			(1)		
	in advance by HTWK (e.g			<u>.</u>	
(3)	by traveller (e.g. tickets, ir	ivoices, visa, insuranc	e):		
■ difference of real travel costs and advanced payment for reimbursement to participant → payment to traveler (4)					
Total sum of real travel costs (in EUR) (2) + (4) = (5)					
COSTS OF STAY (Unit Costs, in EUR) (6)					
■ Costs of Stay payment in advance by HTWK: (7)				<mark></mark>	
<ul> <li>invoice for accommodation in advance by HTWK:</li> <li>Daily allowance payment for traveller (n x 120€):</li> <li>(9)</li> </ul>					
accommodation invoice payment by traveller: (10)					
■ Preliminary amount for Costs of Stay for reimbursement → payment to traveller					
•			(9) + (10) = (11)		
Total sum of real Costs of Stay (in EUR) (7) + (8) + (9) + (10) = (12)					
TOTAL AMOUNT → payment to traveler (EUR) (4)+(11) = (13)					
Holder of bank account:					
IBAN:BIC:		Bank name:			
SIGNATURE OF THE PARTICIPANT					
I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.					
Date: Signature:					

To be filled in by <u>each</u> participant In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. NoOP II,III / . The reference number m		Project No. 573915-E e progressive numbering indicate			
(1) PERSONAL DATA Surname: Forename:					
		at home institution:			
(2) DETAILS OF TI	HE TRAVEL				
	From (Dep	part date) (dd/mm/yy)	To (Return o	late) (dd/mm/yy)	
PERIOD*					
PLACE OF		TUTION			
DEPARTURE** PLACEofDESTI./		Cit UTION:			
LOC.ofACTIVIT.		City			
Zocionic II v II v	occititi	Oity .			
TRAVEL DISTANC	CE***	<mark></mark> kr	n		
*Please indicate period of travel from departure to return to place of origin  **If different from Home institution please enclose authorisation from the Agency  ***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm)  from place of departure to location of activities					
(3) DETAILS OF	THE ACTIVIT	Y			
		<u>=</u> nte): <mark> To (d</mark>	lata).		
		<b>PERFORMED</b> (brief descri			
See page 1 and 4		ERFORMED (brief descri	puon of the activities	s perjormeu)	
TRAVEL COSTS (Unit Costs, in EUR) (1)					
<ul> <li>Total sum of real tra</li> </ul>			(2)		
■ Difference of travel costs Unit Costs and total sum of real travel costs → possible payment to traveler after successful project end (1) – (2) = (3)					
COSTS OF STAY (Unit Costs, in EUR) (4)					
■ Total sum of real Costs of Stay (see page 2 No (12) ): (5)					
■ Difference of Costs of Stay Unit Costs and total sum of real Costs of Stay → possible payment to traveler after successful project end (4) – (5) = (6)					
Total amount of outs	tanding reimburs	sement (EUR)	(3) + (6) = (7)	<mark></mark>	
■ Due	to results of the f	inal audit and due to the fina the amount had to be red	′		
Signature and se			gnature project		
financial officer of HTWK Leipzig, da			antholder, date	<u></u>	
TOTAL AMOUNT → payment to traveler (EUR) (3) + (6) - (8) = (9)					
Holder of bank account:					
IBAN:BIC:		Bank name:			
SIGNATURE OF THE PAR	TICIPANT	I			
GIOWATORE OF THE FARMOU AIM					

I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.

Date: ..... Signature: .....

## ANNEX III - INDIVIDUAL TRAVEL ACTIVITY DESCRIPTION for travel costs and costs of stay

To be filled in by <u>each</u> participant
In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. NoOP II,III /		Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP
The reference number m	ust correspo	nd to the progressive numbering indicated in the financial statements in the final report

To be completed in **English or German** by <u>each</u> person benefiting from a grant for mobility. To be <u>returned</u> to the project **GRANTHOLDER INSTITUTION** together with the form for costs and all the original travel tickets via the local coordinator.

page 4

DESCRIPTION OF ACTIVITY PERFORMED, CODE IN WORKPACKAGE TABLE:			
Please give detailed answers to all the relevant questions.			
What kind of preparation (for example language preparation) did you undergo, if any?			
2. What kind of activities did you perform during your stay?			
3. What were the results of your activities (e.g. curriculum development and teaching materials) and how will the stay affect your activities at your home institution?			
4. What kind of formal recognition did you receive at your home institution for the stay abroad, if any?			
5. How would you evaluate your stay (quality, suggestions, problems, etc.)?			
<u></u>			
6. Do you intend to follow-up activities performed?			
SIGNATURE OF THE PARTICIPANT			
Please date and sign here as proof of receipt.			
Date: Signature:			

Table of travel tickets and invoices, name	,	date	

No	content/ticket/invoice	Price (€)
1	Flight invoice	
2	Train ticket	
3	Taxi	
4		
5		
6		
7	<del></del>	<mark></mark>
9	<u></u>	<mark></mark>
8		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	total:	