



ÚOCHB^{AV}
IOCB PRAGUE

Business Trip Expense Report

Surname and name			
Place of residence			
Personal number		Unit/Group	
Telephone number		Working hours (from-to)	

Start of the business trip (place, date, time)	Venue	Purpose and course of the trip	End of the business trip (place, date, time)

The employee agrees with the business trip.

(Date and employee signature) _____

Fellow-passenger(s)			
Means of transport (in case of one's own car please state average fuel consumption acc. to the car registration document and a fuel type)			
Anticipated expenses (CZK)			
Allowed cash advance (CZK)		Paid on	Cash receipt number

Cashier signature: _____

Date and signature of a person authorized to allow the trip: _____

Expense Report

Report on the business trip outcome submitted on (date)	
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Agrees with the way of execution:

(Date and signature of a person in charge) _____

Receipt No.	
Charged refund verified and adjusted to (CZK)	
Paid advance (CZK)	
Amount due /overpaid (CZK)	
In words	

Date and signature of a person who adjusted the statement

Date and cashier signature:

Accounting instruction				
Debit	Credit	Amount	Cost center	Order
Note on entering				

Recipient (Date and signature, ID)

Approved by (Date and signature):

Expense Report												
Date	Departure – Arrival ¹ (underline the venue)		Means of transport*		Distance (km) ²	Start and end of work (time)	Fare and local transport (CZK)	Meal allowance (CZK)	Lodging expense (CZK)	Necessary incidental expenses	Total	Adjustment
1	2	Time	3	4	5	6	7	8	9	10	11	12
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
	Departure											
	Arrival											
*Use abbreviations:						Total						
						Advance						
						Amount due / Overpaid						

O train
R express train
A bus
L plane
AUS Institute's car
AUV one's own car
MOS Institute's motorcycle

Meals provided free of charge	Yes	No
Accommodation provided free of charge	Yes	No
Free or discounted fare	Yes	No
Separation allowance	Yes	No

I declare that I have stated all information completely and correctly.

(Date and employee signature) _____

¹ Please state public transport departure/arrival times as it is in the timetable.

² Please state distance in kilometers when you do not use public transport only.