



**I. Institute, No. / Dean's Office, No.**

**II. Details concerning the type of remuneration**

Date due

- Guest presentation  
 Appointment presentation  
 Member of an habilitation committee

Habilitation of (Family Name, First Name)

- Member of an appointment committee

Professor's Chair to be filled

- Appointment negotiations

Professor's Chair to be filled

- External examiner

- Other Guests ( research stay)

**III. Details of guests with place of residence or habitual abode in Austria**

A place of habitual abode is understood as being a place at which a person resides on a regular basis and over a certain period of time, without, however, intending to establish a lasting place of residence there.

Family Name

Civil Servant

First Name

yes  no

Academic degrees

Date of birth

**Home address**

Street, House No.

Postal Code  Town / City

Country

Home University

**IV. Details of guests with no place of residence in Austria**

Family Name

First Name

Academic degrees

Date of birth

**Home address  
(Centre of vital interests)**

Street, House No.

Postal Code  Town / City

Country

Home University

Nationality

In the event of further foreign places of residence in other foreign countries in addition to the main place of residence stated, please list addresses:  
(Country, Postal Code, Town/City, Street, House No.)

Through my signature, I hereby confirm that

- I do not have a place of residence (permanent home) in Austria
- no obligations exist to forward the income to other persons
- the income will not pass to an Austrian business establishment maintained by me.

E-Mail (Guest)

\_\_\_\_\_  
Date, Signature of Guest

Name

**V. Form of payment**

I request transfer of the remuneration, travel and living expenses to my account

**SEPA:**

**NON SEPA:**

IBAN: <input type="text"/>	AccountNo: <input type="text"/>
Bank: <input type="text"/>	Bank: <input type="text"/>
BIC: <input type="text"/>	BankNo./Code/Swift <input type="text"/>

\_\_\_\_\_  
Date, Signature of Guest

Name

- The Head of the Institution
- The Chairman of the appointment/professorship commission
- The Dean
- The Dean of Studies

hereby confirms that

Name

has delivered a presentation on  Date

at the commission meeting  in the appointment procedure

habilitation procedure

for performance of the examination  Date

from  until

Date, Signature

Name

**VI. Calculation of costs**

<b>1. Travel expenses</b>	to Vienna and back	<input type="text"/>	
Rail travel 1 <sup>st</sup> class as per tariff			
Use of sleeping car			
Economy Class flight			
Other receipts (public transport)			
<b>2. Living expenses</b>			
days		á 26,40€	
overnight stays		á <input type="text"/>	
			as per hotel invoice
Total			
Income tax: 20% of the total amount *1			

- to 1. As a fundamental rule, costs for outward and return travel 1<sup>st</sup> class rail as per tariff, possibly sleeping car (double); upwards of a distance of 500 km economy class flight against evidence of the costs.
- to 2. Cost of overnight accommodation solely against presentation of the hotel invoice; 70% of the costs of a double room will be reimbursed.  
Lump sum daily allowance solely for foreign guests.

\*1 only for persons from abroad applicable and if point IV hasn't been completed and confirmed by the external guest

For the correctness of the calculation:

\_\_\_\_\_  
The Person in Charge of the Dean`s Office

Sachkonto	Währung	Betrag	Kostenstelle/ Innenauftrag

\_\_\_\_\_  
Date, Signature of the person authorised to approve payment

Name