

Application for subsidy for travelling expenses for the necessary transportation of child(ren) & an accompanying person on business trips

Employees of the University of Siegen can apply for a subsidy of travel expenses for necessary family transportation. Please comply with the associated implementation regulations (see "Information on subsidies for travelling expenses"). Should additional childcare costs be incurred, it is possible to receive a subsidy from the University of Siegen's childcare fund. Information is available on the Homepage or directly from Parent and Family Services.

1. Details of the trav	eler			
Last name, first name				
School/Department				
Function				
Affiliation	☐ Technology and Administration ☐ Science: Collaboration in a funded externally funded project? If yes, please indicate project name and function:			
Telephone number				
Email				
2. Eligibility requirements				
☐ Business trip/meet		ess trip/meeting/congress:		
Reason for business trip				
Date/period (from-to)				
City				
The following evidence is enclosed with the application	(e.g. business trip application/business	s trip approval)		
3. Details of accompanying child(ren)				
	Accompanying child	Additional accompanying child	Additional accompanying child	
Last name, first name				
Date of birth				
Attached evidence	☐ Copy of birth certificate ☐ Possibly medical certificate/level of care/ Severely handicapped persons ID	☐ Copy of birth certificate ☐ Possibly medical certificate/level of care/ Severely handicapped persons ID	☐ Copy of birth certificate ☐ Possibly medical certificate/level of care/ Severely handicapped persons ID	

4. Details of the accompanying person			
	Accompanying person		
Last name, first name			
Relationship to the child			
5. The child cannot b	e cared for at the place of residence because		
 □ child is under 24 months old □ other reason → please specify (use extra sheet if necessary): Please describe your situation and/or provide appropriate evidence to support your explanation* 			
6. Cost estimate for	child(ren) and accompanying person, if applicable.		
Note: When requesti	ng accommodation costs, least expensive room occupancy is preferred.		
Expected additional costs: Travel (train/flight)			
7. Account details ar	nd further information		
Account holder			
IBAN			
BIC			
Private address			
Date of birth of			
grant recipient Tax-ID and			
responsible tax office			

Note: Please state current salary account

- * Evidence mentioned under point 5:
- 1. Parent is legally/factually a single parent \rightarrow Informal description of the parenting situation (max. 1 page)
- 2. Other parent is also prevented from attending (e.g. due to business trip, shift work, away from home) \rightarrow Informal description of the situation (max. 1 page)
- 3. Chronically ill, physically or mentally impaired child (medical certificate/care level/disability certificate)
- 4. Prolonged separation from caregiver is not reasonable \rightarrow Informal explanation (max. 1 page)
- 5. Parent and Family Services reserves the right to request other evidence to clarify the situation.

8. Confirmation		
I hereby confirm the accuracy	of the information provided ¹	
Date	Signature	
9. Confirmation by Parent ar	d Family Services	
Parent and Family Services hereby confirms that the information provided has been verified and that appropriate evidence has been submitted, thereby confirming that the eligibility requirements have been met.		
Amount of subsidy:		
Date	Signature	

¹ I agree that the data will be stored within the framework of the necessary legal provisions and will be made available to auditors and third-party funding bodies in the event of an audit.