



**GRADUIERTEN-
AKADEMIE**



**UNIVERSITÄT
HEIDELBERG
ZUKUNFT
SEIT 1386**

**heiDOCS Travel Grant
APPLICATION FOR THE RECEIPT OF AN ADVANCE PAYMENT
for doctoral candidates without an employment contract with Heidelberg University**

Please submit this form to the Graduate Academy via email: ga-docs@uni-heidelberg.de

The advance payment will constitute 80% of the approved grant amount. The reimbursement of your remaining expenses, up to a maximum of 20% of the total amount of the grant, will be paid to you only after you have submitted the necessary documents for reimbursement (see [Instructions on Submitting Travel Expenses for Reimbursement](#)).

The advance payment of travel costs is **conditional** and can be revoked by the Graduate Academy. If you do not submit all of the necessary documents to the Graduate Academy **at the latest one month after completing your trip** or if you do not carry out your trip, you will be required to repay the advance payment to the Graduate Academy **immediately**.

If your actual total expenses come to less than the advance payment, you must **reimburse the difference** to the Graduate Academy. Please submit the form [Application for the Reimbursement of Travel Expenses](#) and the required receipts to the Graduate Academy even if your actual total expenses came to less than the advance payment.

PERSONAL INFORMATION

Last name, first name: **Date of birth:**

BANK ACCOUNT INFORMATION

Account holder: **Bank:**

IBAN: **SWIFT/BIC:**

Name and location of the bank:
(only for banks outside of Germany)

INFORMATION ABOUT EMPLOYMENT AT HEIDELBERG UNIVERSITY¹

a) I am related to an employee at Heidelberg University. YES → Please go to b) NO

b) Please enter the 8-digit LBV personell number² of the employee

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WAIVE YOUR RIGHT TO APPEAL

I would like to waive my right to appeal against the grant award letter of date (this is required if you wish to receive the advance payment immediately; otherwise the payment will be issued only after the statutory period of one month has expired).

AFFIRMATION

- I affirm that the information provided is correct and complete.
- If changes occur to the information regarding employment at Heidelberg University, I will inform the Graduate Academy as soon as possible.

Location, Date

Signature

¹INFORMATION ABOUT EMPLOYMENT AT HEIDELBERG UNIVERSITY

Legal obligations with regard to taxation and social security make it necessary for Heidelberg University to collect this information in order to make payments to third parties. The information that you provide will have no effect on the amount of your grant.

You must provide the LBV personnel number of a relative as determined by §15 of the “Abgabenordnung” (see below) who is an employee of the university. If you have more than one relative who is an employee of Heidelberg University, you must provide the LBV personnel number of only one of these relatives. To determine which relative, please use the ranking as provided by §15 of the “Abgabenordnung” below.

List of relatives according to § 15 “Abgabenordnung”:

(1) Relatives are:

1. a fiancé(e)
2. a spouse or civil partner
3. parents, children, grandparents, grandchildren and in-laws
4. siblings,
5. children of siblings,
6. spouses or civil partners of siblings and siblings of spouses and civil partners
7. siblings of parents
8. people with whom you have a long-term relationship involving care-giving and with whom you live in the same household (e.g. foster parents and foster children).

(2) The people listed in paragraph 1 are considered to be relatives even if, in cases 2, 3 and 6, the marriage or civil partnership that was the basis of the relationship has ended.

² This refers to the first 8 digits of the “Personalnummer” (before the slash) found on the salary statement.