

**Note:**

Please submit your Childcare Claim Form as soon as possible but no later than six months after the end of the meeting.

Deutsche Forschungsgemeinschaft  
- Reisekostenstelle -  
53170 Bonn, Germany

### Childcare Claim Form

Last name, first name	Telephone no. (for queries)
Employer and location	E-mail (for queries)
Home address	
Business trip by invitation of the DFG through (division/unit)	DFG reference number
Number of meeting days	Arrival and departure date -
<p>I hereby confirm that at least one child living in my household is under 14 years of age or is unable to care for himself/herself due to a physical, mental or psychological disability that began before the age of 25 and therefore requires care during the above-mentioned period.</p> <p>Participation in the review meeting or committee meeting resulted in <b>additional</b> costs amounting to at least the requested allowance (of €60 per meeting day). In accordance with Section 13 Para 1 Clause 2 of the DFG statutes, members of DFG review boards and DFG statutory bodies must submit proof of actual costs incurred.</p> <p>Where childcare costs are claimed as business expenses or professional expenses (Section 10 Para 1 No. 5, German Income Tax Act), reimbursement from the DFG must be reported to the relevant tax authorities.</p>	
Please transfer the amount to the account below IBAN	Swiftcode / BIC
at (name of bank)	
Account holder (if different from applicant)	

I confirm that the information provided here is true and complete.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

**Deutsche Forschungsgemeinschaft**

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## Receipt for Childcare Services

**This form applies only to members of DFG review boards and DFG statutory bodies and must be signed by the childcare provider.**

*(This document does not apply to reviewers.)*

In accordance with Section 13 I 2 of the DFG statutes, members of DFG review boards and DFG statutory bodies must submit **proof of actual costs incurred** for childcare services. The receipt below must be completed by the childcare provider.

Childcare provider (last name, first name) / Childcare centre

Address

Childcare period

-

Amount

EUR

I hereby confirm receipt of the amount for childcare services during the period specified above.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of childcare provider