

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 additional costs amounting to at least the requested allowance (of €60 per meeting day). In accordance with Section 17 paragraph 1 sentence 3 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 paragraph 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

Kennedyallee 40 · 53175 Bonn, Germany · Postal address: 53170 Bonn, Germany
Phone: + 49 228 885 1 · Fax: + 49 228 885 2777 · postmaster@dfg.de · www.dfg.de



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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 17 paragraph 1 sentence 3 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

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