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| **Bar-Ilan University Application for travel abroad**  ***Payment Department*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Form for flights abroad**  **Updated for 2022** | | | | | | | | | | | | | | | | | | | | | | | | |
| **The expense report must be submitted to the financial department within 30 days of returning to Israel**  **Please attach the receipts (photocopy or stapled) to the A4 page. Please number the receipts and include reference numbers. You may send them through email or regular mail. On the form, only include expenses that you would like refunded. Do not include expenses that were paid for by the university.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name:** | | | | | | | | | | | | | **Faculty/department** | | | | | | | | **Did you stay in the hotel with a partner or family member: yes/no. If yes, provide details \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **I.D #** |  |  |  | |  |  | | |  | |  | | | |  |  | | **Phone**  **number** | | | **Email** | | | |
| **Date of flight** | | | | | | | | **Time of**  **departure** | | | | | | | | | | **Return date** | | | **Time of**  **departure** | | | |
| **Total amount of days out of the country**  **For work purposes - \_\_\_\_\_** | | | | | | | | | | | | **Total amount of time out**  **Of the country for personal reasons - \_\_\_\_\_** | | | | | | | | | **Destination** | | | |
| **Expenses will be recognized based on the receipts provided** | | | | | | | | | | | | | | | | | | | | | **Amount in original currency** | | **Currency** | **Reference number** |
| **. Registration fees for conference1**  **Do registration fees include sleeping arrangements: no/yes** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **2. Plane tickets: for approved locations include airport taxes, visa fees, electronic tickets, receipts or other invoices from my trip**  **[\_] Paid by the university [\_] Paid myself, [\_] Paid myself and includes another destination (not academic) [\_] Was paid for by an outside source** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **.Travels inside and outside of Israel 3** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **.4. Domestic flights for training/educational purposes** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Expenses for sleeping arrangement. 5**  For the first 7 nights, there is an allowance of up to $289 per night. For nights 8-90 nights: 75% of the expense will be recognized (no less than $127 per night and no more than $216.75 per night). For over 90 nights, there is an allowance of $127 starting from the first night. For a couple's room, 80% of the expense will be recognized (subject to above conditions). Do not include the price of breakfast, phone calls through the hotel, or other expenses (laundry, mini-bar…) in your overall expense report. The destinations that the allowance for sleeping arrangements goes up by 25% are: Australia, Austria, Italy, Iceland, Ireland, England, Belgium, Britain, Germany, Dubai, Denmark, Holland, Hong Kong, Taiwan, Greece, Japan, Luxemburg, Norway , Spain, Oman, Finland, France, Korea, Qatar. Cameroon, Canada, Switzerland, Sweden. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hotel** | | | | | | | | | | | | | | **Total overnight stays** | | | | | | | | **Amount in original currency** | **Currency** | **Reference number** |
| **From** | | | | **Until** | | | | | | | | | |  | | | | | | | |  |  |  |
| **From** | | | | **Until** | | | | | | | | | |  | | | | | | | |  |  |  |
| **From** | | | | **Until** | | | | | | | | | |  | | | | | | | |  |  |  |
| 6. **Payment for food and accommodations for approved days ( 82$ / 102$ per day)** | | | | | | | **If I chose to receive reimbursement for food and accommodations while abroad without providing receipts to the university, I agree that all of my spendings on accommodations were for academic purposes and that no outside source paid the fees for me.** | | | | | | | | | | | | | **\_\_\_\_ Days** | |  | $ | **-** |
| **7.** | | | | | | | **\_\_\_\_ Days** | |  | $ | **-** |
| **Accommodations and food for the return day 8** | | | | | | | | | | | | | | | | | | | | | | 102/82 | $ | **-** |
| **Other:**9 | | | | | | | | | | | | | | | | | | | | | |  |  |  |
| **. Car rental** 10. Up to $64 is exempt from taxes including gas, parking, insurance, fees | | | | | | | | | | **until** | | | | | | | **From** | | **\_\_\_\_ Days** | | |  |  |  |
| **I confirm: [\_] I didn't receive funding for [\_] I received funding (or services) from an external source for :**  **O Flight/ O Hotels/ O Economy/ O Partial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| **[\_] I want to receive reimbursement for all of my expenses even if that means that I will be taxed at a rate of 90% for all excess expenses [\_] I am not interested in being charged for additional expenses, because of this I am requesting a reduction in the amount of reimbursement (based on how much was spent)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **I understand that the expenses are subject to income tax guidelines and university rules** | | | | | | | | | | | | | | | | | | | | | | | | |
| **If I traveled in a "mixed trip", as defined by the directives of the tax authority, when a portion of the trip was not for academic purposes, I agree to the following:**  **\* I understand that the university reports my trip as a mixed trip**  **\*\* I understand that the university decides the length of the trip for academic purposes based my report in this**  **\*\*\* + If for some reason the tax authority declares that there are additional taxes I agree that the university will charge me for it and I will immediately pay the amount determined by them.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **I agree that I will not use traveler's points that I get from this trip for personal trips. If I use them, I will report it to the finance department, and I understand that I will be taxed at a rate of 5% of the cost of the flight.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Faculty member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |

**Rules for the international travel form**

* For tax purposes, two of more trips that did not include a stay of at least 14 days in Israel between them, will be considered as one long trip
* According to travel tax laws, a trip in which the amount of time abroad exceeds 3 times the amount of days approved for academic purposes, the traveler will be charged for a portion of the flight costs.
* Receival of payment for future travels can be obtained by submitting past travel forms.

For your convenience, below is a list of the contact advisors for different faculties:

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone no** | **Faculty** | **email** | **Name** |
| 03-5318574 | Exact sciences, Life Sciences, Engineering, Humanities, Institute for Advanced Torah, Administration, Medicine | tali.shani@biu.ac.il | Ms. Tal Shani |
| 03-7384124 | Social Sciences, Judaic Studies, Interdisciplinary Studies, Law | shani.roytman@biu.ac.il | Ms. Shani Roitman |

* If you have any questions please contact Chava Arnset, department head

[ernstc@biu.ac.il](mailto:ernstc@biu.ac.il) 03-7384545

To: the department for paying academic staff

Date \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department

\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_

Overseas study report- upon my return to Israel, I agree to send a detailed report

1. Time out of the country from: until: Total number of days:

2. Country : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Details of the activities:

Please detail the type of research work done for example: lecturing, scientific research, participating in a conference or scientific symposium, or any other relevant academic activity

**You must detail the dates and locations that the activities took place in.** .

|  |  |  |
| --- | --- | --- |
| Location/organization | Dates | Description of activity |
|  |  |  |
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4. The flight ticket was paid by : קקמ"ב / Research / An external party

**I confirm that the activities detailed in this form are academic .**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of staff member Signature of department head

Please also attach a copy of the boarding pass from your flight