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|   | **Kostförmån vid sammankomst** **Skattepliktig**(underlag för förhöjt skatteavdrag)Datum |

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| Datum: |       |
| Orsak:  |       |
| Institution: |       |

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| Personnummer  | Namn  | Antal måltider  | Radnr |
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**Kontering (Anges vid annan kontering än anställningskonteringen)**

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| Radnr | Konto (kf 1) | Projekt (kf 2) | Org (kf 3) | Verksamhet (kf 4) | Aktivitet (kf 5) | Motpart (kf 6) | Finanisär (kf 7) |
|     |       |       |     |     |       |       |       |
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**Kontaktperson institution/motsvarande**

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| Namn      |

**Attest prefekt/motsvarande**

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| Underskrift | Datum, Ort            |
| Namnförtydligande      |
| HR-avdelningens anteckningar      |