|  |  |
| --- | --- |
|  | **KOSTNADSERSÄTTNING****Skattepliktig**För icke anställd     Datum |
|  |
| Namn      | Personnummer      |
| Adress      | Postnummer och ort            |
| Telefonnummer      | Email      |
| Institution/motsv.      |  |

# Kostnadsersättning, t ex tjänstesamtal från privat telefon

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specificering | From | Tom | Belopp kr | Konto enlradnr |
|       |       |       |       |   |
|       |       |       |       |   |
|       |       |       |       |   |
|       |       |       |       |   |

**Kontering**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Radnr | Konto (kf 1) | Projekt (kf 2) | Org (kf 3) | Verksamhet (kf 4) | Aktivitet (kf 5) | Motpart (kf 6) | Finanisär (kf 7) |
|     |       |       |     |     |       |       |       |
|     |       |       |     |     |       |       |       |
|     |       |       |     |     |       |       |       |
|     |       |       |     |     |       |       |       |
|     |       |       |     |     |       |       |       |

**Kontaktperson institution/motsvarande**

|  |
| --- |
| Namn      |

**Attest prefekt/motsvarande**

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