|  |  |
| --- | --- |
|  | **TRAVEL CLAIM** **For residence abroad****Non-Employee** Date |
| **[ ]**  Taxable |
| Name | Date of birth, year month day **[ ]** Male **[ ]**  Female |
| Adress | Postal code, location, |
| Telephone number | Email      |
| Department/equivalent |  |

|  |
| --- |
| Purpose      |
| Location      | **[ ]** EU-projekt **[ ]**  Non- EU-projekt |
| Travel started (date and time – residence/workplace) | Travel ended (date and time – residence/workplace) |

**Transport expense** (for example, flight, boat, bus, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Specify mode of transport | Supplement | Exkl VAT krlöneart **4002** | VAT krlöneart **4022** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Summa kr** |  |  |
| **Accomodation expense** |  |  |  |
| Date | Specify accomodation | Supplement | Exkl VAT krlöneart **4111** | VAT krlöneart **4022** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Summa kr** |  |  |

**Allowance, private car**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Route | Km | Non-taxable part krlöneart **4043** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Summa kr** |  |  |

Summary payment (Stated by administrator/ifylles av administratör, ange kontaktperson nedan)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Löneart | Km or Amount  | Account (kf 1) | Project (kf 2) | Org. unit (kf 3) | Achievment (kf 4) | Activity (kf 5) | Counterpart (kf 6) | Financier (kf 7) |
|      |       |       |       |     |     |       |       |       |
|      |       |       |       |     |     |       |       |       |
|      |       |       |       |     |     |       |       |       |
|      |       |       |       |     |     |       |       |       |
|      |       |       |       |     |     |       |       |       |

|  |
| --- |
| Name, contact at department/equiv.   |

**Traveller´s signature**

|  |  |
| --- | --- |
| Signature | Date, Location            |
|

**Head of department/equiv.**

|  |  |
| --- | --- |
| Signature | Date, Location            |
| Name in block letters      |

**Send the form together with receipts in the original and any other documents supporting your expenses/claim to your department/equiv. for A/C coding and attest.**