|  |  |
| --- | --- |
|  | **TRAVEL CLAIM**  For residence abroad  SINK    Date |
|  | |
| Name | | Personal identity number | |
| Address | | Postal code, location | |
| Telephone number | | E-mail | |
| Department/equivalent | |

|  |  |  |
| --- | --- | --- |
| Purpose of assignment | | |
| Assignment location | | EU-projekt  Non- EU-projekt |
| Travel started started (date and time – residence/workplace) | Travel ended (date and time – residence/workplace) | |

International travel  
*State date and time when you leave the country and the date and time for when you arrive to your destination. State local time.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of travel** | **Departure date** | **Time** | **Arrival date** | **Time** | **Destination** |
| Outward journey |  |  |  |  |  |
| Return journey |  |  |  |  |  |

**Meals**

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of free meals received during the travel | Breakfast | Lunch | Dinner |
| - included in accommodation cost |  |  |  |
| -employer has paid |  |  |  |
| -someone else has paid |  |  |  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Löneart | Km el belopp (ange) | Account (kf 1) | Project (kf 2) | Org. unit (kf 3) | Achievment (kf 4) | Activity (kf 5) | Counterpart (kf 6) | Financier (kf 7) |
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| --- |
| Name, contact at department/equiv. |

**Allowance and Salary increment**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Allowance (tax free)** | | | | | **Salary increment (taxable)** | | | |
| **Inrikes Utrikes**  **Månad 1-3:** lart **4024** lart **4034**  **Månad 4- :** lart **4023** lart **4048** | | | | | **Inrikes Utrikes**  lart **4025** lart **4035** | | | |
| Datum | Traktamente  kr | Måltidsavdrag | | Kvar att  utbetala kr | Lönetillägg  kr | Måltidsavdrag | | Kvar att  utbetala kr |
|  |  | % | kr |  |  | % | kr |  |
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|  |  |  |  |  |  |  |  |  |
| **Total SEK** | | | |  |  | **Total SEK** | |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Datum | Specify mode of transport | | | Supplement | Exkl VAT kr löneart **4002** | VAT kr löneart **4022** |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
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|  |  | | |  |  |  |
|  |  | | | **Total SEK** |  |  |
| **Accomodation expense** | |  | | |  |  |
| Datum | Specify accomodation | | | Supplement | Exkl VAT kr löneart **4111** | VAT kr löneart **4022** |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | **Total SEK** | |  |  |

**Allowance, private car**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Route | | Km | Non taxable part kr  löneart **4043** | Taxable part kr  löneart **4040** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  | | **Total SEK** | |  |  |

**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.**