|  |  |  |
| --- | --- | --- |
|  | | **TRAVEL CLAIM**  For residence abroad  SINK    Date |
|  |
| Name | Civic reg. number (personal identity number) | |
| Address | Postal code, location | |
| Telephone number | Email | |
| Department/equiv. at UU (to where the cost should be charged) | Contact person at the Department/equivalent | |
| EU- project | Purpose of assignment | |

**Transport/Accommodation expense**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum | Specify mode of transport | Supplement | Exkl VAT kr | VAT kr in Sweden |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | **Total SEK** |  |  |

Summary payment, (stated by administrator)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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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**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.**