|  |  |
| --- | --- |
|  | **TRAVEL CLAIM**For residence abroadSINKDate |
|  |
| 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 krin Sweden |
|  |  |  |  |  |
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|  |  |  |  |  |
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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.**