|  |  |
| --- | --- |
|  | **TRAVEL CLAIM**For residence abroadSINK, with allowance Date |
|  |
| Name | Personal identity number |
| Address | Postal code, location  |
| Telephone number | E-mail      |
| Department/equivalent | **[ ]** EU-project  |

|  |
| --- |
| 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 |  |  |  |

**Allowance and Salary increment**

|  |  |
| --- | --- |
| **Allowance (tax free)** | **Salary increment (taxable)** |
|  |  |
| Datum | Traktamentekr | Måltidsavdrag | Kvar attutbetala kr | Lönetilläggkr | Måltidsavdrag | Kvar attutbetala kr |
|  |  | % | kr |  |  | % | kr |  |
|       |       |    |       |       |       |    |       |       |
|       |       |    |       |       |       |    |       |       |
|       |       |    |       |       |       |    |       |       |
|       |       |    |       |       |       |    |       |       |
|       |       |    |       |       |       |    |       |       |
|       |       |    |       |       |       |    |       |       |
|  **Total SEK** |       |  |  **Total SEK** |       |

**Transport / accommodation expense**

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

**Allowance, private car**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Route | Km | Non taxable part kr18,50 kr / mil  | Taxable part kr13kr /mil |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Total SEK** |  |  |

 Summary payment, (stated by administrator)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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) |
|       |       |       |     |     |       |       |       |
|       |       |       |     |     |       |       |       |
|       |       |       |     |     |       |       |       |
|       |       |       |     |     |       |       |       |
|       |       |       |     |     |       |       |       |

**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.**