|  |  |  |
| --- | --- | --- |
|  | | **TRAVEL CLAIM with subsistence allowance**  Non-employee    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 | Previously received advance in SEK | |

|  |  |
| --- | --- |
| Purpose of assignment and assignment location | |
| Travel started (date and time – residence/workplace) | Travel ended (date and time – residence/workplace) |
| Lower subs. allowance  SEK (total subs. allowance for the whole trip)  Salary supplement should not be paid  Overnight subsistence allowance, number of nights (only used when you have arranged private accommodation)    *Subsistence allowance= Taxfree part*  *Salary supplement = Taxable part* | |

**Meals**

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

International travel flight times (local time at departure and arrival)

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

**Interruption of the trip**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reason for interruption | Date from | Time | Date to | Time |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

**Travel expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Specification | Destination | | Appendix | Amount |
|  |  |  | |  |  |
|  |  |  | |  |  |
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|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  | | **Total amount SEK** | |  |

**Private car compensation**

|  |  |  |
| --- | --- | --- |
| Date | From….To  Taxable part of compensation | Km |
|  |  |  |
|  |  |  |
|  |  |  |

**Project to be charged**

|  |
| --- |
|  |

**A/C coding** (provided by administrator)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fördelning% | Konto (kf 1) | Projekt (kf 2) | Org (kf 3) | Verksamhet (kf 4) | Aktivitet (kf 5) | Motpart (kf 6) | Finanisär (kf 7) |
|  | X |  |  |  |  |  | X |
|  | X |  |  |  |  |  | X |
|  | X |  |  |  |  |  | X |

X = Ska ej fyllas i

**Traveller’s signature**

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

**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.**