|  |  |
| --- | --- |
|  | **TRAVEL CLAIM with subsistence allowance** Non-employeeDate |
|  |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **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.**