|  |  |  |
| --- | --- | --- |
|  | | **TRAVEL CLAIM without 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  Non EU-project | Purpose of assignment | |

**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 |

**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.**