|  |  |
| --- | --- |
|  | **TRAVEL CLAIM without 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 **[ ]**  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.**