

Surname and forename					National identity no (11 digits)				R/N			
Home address		Postal code			City		Vedleggsnr.					
Position		Name/Code of bank (write on reverse side)		Bank acct. Girobank								
Agency/Institution				Dept./Divisjon				Tj.stedsnummer				
Employee no. (4 or 5 digits)		Tax municipality		Municipality code		Tax per cent		Departure		Date	Time	
Claim in connection with		<input type="checkbox"/> Course <input type="checkbox"/> Official journey		Destination and purpose of journey				Return		Date	Time	
<input type="checkbox"/> Other		Please specify		ABEL SYMPOSIUM 2008				Ovem. (See reverse side) Board stay		<input type="checkbox"/> Hotel <input type="checkbox"/> house <input type="checkbox"/> Other		
Amounts claimed		SD-Code	TT-Code	M	Number	Rate NOK øre	Amount NOK øre	Kontering		Virksomhetsregnskap		
Total expenses from reverse side			1041							Kode 2	Kode 3	Kode 4
Incident. expenses		619	1057									
Subsistence allowance, no overnight stay	Domestic	Under 5 hours	1041									
		5-9 hours	614	1083								
		9-12 hours	614	1084								
	Foreign	More than 12 hours	614	1085								
		6-12 hours	614	1042								
		More than 12 hours	614	1042								
Subsistence allowance, with overnight stay	Domestic	8-12 hours	610	1086								
		More than 12 hours	610	1087								
	Foreign	610	1052									
Overnight accommodation supplement No vouchers	Foreign	610	1052									
	GTAS* (domestic)	610	1053									
Use of own transportation. Please specify journey on reverse side	Overnight hotel accom. domestic	610	1078									
	Private car: 0-9,000 km								1)			
	Private car: more than 9,000 km								2)			
	Home - work (taxable portion)	111	1069									
Stay exceeding 28 nights	Private car: Passenger suppl.	714	1045									
	Other											
Other expenses	Subsistence allowance											
	Overnight accommodation allowance											
Sub-total												
Deductions	Breakfast/lunch/dinner	614	1049	1					÷			
	Breakfast/lunch/dinner	610	1050	1					÷			
GRAND TOTAL												
Less advance received	Paid by	8020			(Specification on reverse side)	Reise nr.			÷			
NET TOTAL	<input type="checkbox"/> Claimed <input type="checkbox"/> Due to inst.											
Claimant's signature	Date	I, the undersigned, agree that any amount due may be deducted from my salary.						Approval (sign. of authorizing officer)				
Payment	Paid by (institution)							Utbetales og posteres i samsvar med foranstående				
	Date	Payment authorization						Countersignature				
Receipt for payment made in cash	Sum received	Date	Signature					Utbetalingsstedets merkn. ved utbetalingen				

