

Surname and forename		OLA NORMENN			National identity no (11 digits)		BIRTHDAY/PN		R/N			
Home address		STORGATA 1			Postal code		9090		City			
Position		NONASSOCIATE PROF			Name/Code of bank (write on reverse side)		Bank acct. Girobank		BETTER AT THE END			
Agency/Institution		NORTH POLE INSTITUTE			Dept./Divisjon		DEPT. MATHEMATICS		Tj.stedsnummer			
Employee no. (4 or 5 digits)		Tax municipality		Municipality code		Tax per cent		Departure		Date		
Claim in connection with		<input type="checkbox"/> Course <input type="checkbox"/> Official journey			Destination and purpose of journey				Return		Date	
<input type="checkbox"/> Other		Please specify			ABEL SYMPOSIUM 2008				Ovem. stay <input type="checkbox"/> Hotel <input type="checkbox"/> Board house <input type="checkbox"/> Other		Time	
Amounts claimed		SD-Code		TT-Code		Rate		Amount		Virksomhetsregnskap		
				M		NOK øre		NOK øre		Kode 2		
				Number				Kontering		Kode 3		
										Kode 4		
Total expenses from reverse side		1041										
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		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		GTAS* (domestic)		610 1053								
		Overnight hotel accom. domestic		610 1078								
		GTAS* (foreign)		610 1056								
Use of own transportation. Please specify journey on reverse side		Private car: 0-9,000 km						1)				
		Private car: more than 9,000 km						2)				
		Home - work (taxable portion)		111 1069								
		Private car: Passenger suppl.		714 1045								
Stay exceeding 28 nights		Subsistence allowance										
		Overnight accommodation allowance										
Other expenses		Other										
Sub-total												
Deductions		Breakfast/lunch/dinner		614 1049		1		÷				
		Breakfast/lunch/dinner		610 1050		1		÷				
GRAND TOTAL								10XY2Z				
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				

