

**Expenses**

|  |  |  |
| --- | --- | --- |
| Surname | First name | Social security number / coordination number / birth number |
| Address | | Telephone |
| Postal address | | Country |
| Department | | |
| Purpose (describe purpose/reason for expenditure) | | |

[Link to currency converter](https://sdw.ecb.europa.eu/curConverter.do)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Date | Number of (km) | Amount in **SEK** | Base account | Signature of examiner |
|  | |  |  |  |  |  |
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|  | |  |  |  |  |  |
|  | |  |  | Total SEK |  | |

#### Accountancy

|  |  |  |
| --- | --- | --- |
| Row no. | Project | Salary group |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

## Attestation – to be filled in by the department or equivalent.

|  |  |
| --- | --- |
| Date and signature of authorizer  2024-04-17    ……………………………………………………………………… Name clarification | Date and signature of head of department/equivalent  ………………………………………………………………………...  Name clarification |