

**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 authorizer2024-04-17………………………………………………………………………Name clarification       | Date and signature of head of department/equivalent ………………………………………………………………………... Name clarification       |