

Surname and forename		X		National identity no (11 digits)		R/N	
Home address		X		Postal code		City	
Position		Name/Code of bank (write on reverse side)		Bank acct. Girobank		Vedleggsnr.	
Agency/Institution		X		Dept./Divisjon		Tj.stedsnummer	
Employee no. (4 or 5 digits)		Tax municipality		Municipality code		Tax per cent	
Departure		Date		Time		Return	
Date		X		Date		Time	
Claim in connection with		<input type="checkbox"/> Course <input type="checkbox"/> Official journey		Destination and purpose of journey		Return	
Please specify		Conference		CaUSci conference Metaphysics of free will		Overn. (See reverse side) Board	
<input checked="" type="checkbox"/> Other						<input type="checkbox"/> Hotel <input type="checkbox"/> house <input type="checkbox"/> Other	
Amounts claimed		SD-Code		TT-Code		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	
				More than 12 hours		614 1085	
Subsistence allowance, with overnight stay		Domestic		8-12 hours		610 1086	
				More than 12 hours		610 1087	
		Foreign		6-12 hours		614 1042	
				More than 12 hours		614 1042	
		Domestic		8-12 hours		610 1086	
				More than 12 hours		610 1087	
		Foreign		610 1052			
		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			
		Other					
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							
Less advance received		Paid by		8020		(Specification on reverse side) Reise nr. ÷	
NET TOTAL		<input checked="" 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)	
		X		X			
Payment		Paid by (Institution)		Date		Utbetales og posteres i samsvar med foranstående	
						Countersignature	
Receipt for payment made in cash		Sum received		Date		Signature	
						Utbetalingsstedets merkn. ved utbetalingen	

