

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						Ovem. (See reverse side)		Board	Other	
<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	Kap., post, u.p., u.u.p.				
								Internregnskap				
								Kode 2 Kode 3 Kode 4				
Total expenses from reverse side			1041									
Incident. expenses		619	1057				0,00					
Subsistence allowance, no overnight stay		Domestic		Under 5 hours	1041		0,00					
				5-9 hours	614	1083		0,00				
				9-12 hours	614	1084		0,00				
		Foreign		More than 12 hours	614	1085		0,00				
				6-12 hours	614	1042		0,00				
				More than 12 hours	614	1042		0,00				
Subsistence allowance, with overnight stay		Domestic		8-12 hours	610	1086	0,00					
				More than 12 hours	610	1087	0,00					
		Foreign			610	1052	0,00					
					610	1052	0,00					
Overnight accommodation supplement No vouchers		GTAS* (domestic)		610	1053	0,00						
		Overnight hotel accom. domestic		610	1078	0,00						
		GTAS* (foreign)		610	1056	0,00						
Use of own transportation. Please specify journey on reverse side		Private car: 0-9,000 km				0,00	1)					
		Private car: more than 9,000 km				0,00	2)					
		Home - work (taxable portion)		111	1069	0,00						
		Private car: Passenger suppl.		714	1045	0,00						
		Other				0,00						
Stay exceeding 28 nights		Subsistence allowance				0,00						
		Overnight accommodation allowance				0,00						
Other expenses		Other				0,00						
Sub-total						0,00						
Deductions		Breakfast/lunch/dinner		614	1049	1	÷	0,00				
		Breakfast/lunch/dinner		610	1050	1	÷	0,00				
GRAND TOTAL						0,00						
Less advance received		Paid by		8020	(Specification on reverse side)	Reise nr.	÷	0,00				
NET TOTAL		<input type="checkbox"/> Claimed <input type="checkbox"/> Due to inst.				0,00						
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				

