

Travel and subsistence claim form

Bruker-
nummer

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.steds-nummer		
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 <input type="checkbox"/> Other				Destination and purpose of journey		Return		Date		
Please specify								Overm. stay		(See reverse side) Board <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	Kontering	Virksomhetsregnskap			
									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				
		More than 12 hours	614	1085				0,00				
	Foreign	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				
Over-night 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.					
Payment	Paid by (institution)							Utbetales og posteres i samsvar med foranstående				
	Date							Payment authorization				
Receipt for payment made in cash	Sum received							Date				
								Signature				
Utbetalingsstedets merkn. ved utbetalingen												

