

FAKTURAPORTALEN EXPENSE CLAIM

Only for use in Fakturaportalen - foreign payments

Please note that the receipts must be taped in place. Do not staple them.

RD Lev.ld (måste anges)		

Fill out this form on the computer.
Only completed forms will be accepted.
Send a copy to your department administrator
Do not forget to fill in your account no. or IBAN

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TO BE FILLED IN BY THE DEP	PARTMENT ADMINISTRATOR
20 mot 101 got 10 mm m y 00	
Do not forget to fill in you	ir account no. or IBAN

institutionsnummer	Handiaggare	Handiaggare SO samt teleformummer			
Datum			Förfallodatum (30 dagar netto)		
TO BE FILLED IN BY T	HE CLAIMAI	NT			
Name			Swedish personal identity number (if any)		
Address					
Postcode (Zip code) City			Country		
Total	VAT	Currency	No of pages attached		
Project ID number			<u> </u>		
DANK DETAIL O					
BANK DETAILS Name of your bank			Bank address, branch		
Account No			Swift/Bic-code		
IBAN (start with country code)					
Fedwire/ABA or Routing No to US	Bank (9 digits)				
Canadian Code/Routing No to Car	nadian Bank (9 digi	ts)			
BSB No to Australian Bank (6 digit	.s)				
Clearing code/Sort code to South A	African Bank (6 digi	its)			
IFS code to Indian Bank (11 characters)			Clearing code to New Zealand Bank (6 digits)		
EVENOCO			<u> </u>		
EXPENSES Please specify					
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