

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 Please specify <input type="checkbox"/> Other			Destination and purpose of journey		Return	Date Time
			Overm. (See reverse side) Board stay <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								
Subsistence allowance, no overnight stay	Domestic	Under 5 hours								
		5-9 hours	614	1083						
		9-12 hours	614	1084						
		More than 12 hours	614	1085						
	Foreign	6-12 hours	614	1042						
		More than 12 hours	614	1042						
Subsistence allowance, with overnight stay	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 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)
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

