



LUNDS
UNIVERSITET

Taxfree reimbursement for personal costs

Date _____

Personalenheten _____

Contact person at the department
(name and phone number): _____

To be completed by the payee

Name	Personal identity number/equivalent(10 digits)
Address	
Postal code and place	Country

Bank information

Name of receiving bank and address	
Clearing no (only in Sweden)	Bank account no
Swift-address (8 eller 11 signs (BIC) applies to all foreign banks)	
IBAN no (only within EU)	
ABA-, RTG-, or FW-no (9 digits); only USA	

Currency: AUD CAD CHF DKK EUR GBP ISK JPY NOK SEK USD

To be completed by the employer/Fylls i av institutionen

(OBS! Om USD är valt och landet är annat än USA, läs anvisningen!)

Utbetalningen avser: _____

Attest:

Underskrift av
prefekt/motsv: _____

Summa: _____

Namnför-
tydligande: _____

Kontering

Kst	Konto	Vg	Aktivitet	Fritt fält	Belopp exkl moms
Text till bokföringen:				Moms:	
				Belopp:	

Ifylld blankett skickas i original till Monica Andersson, lönekontoret, hämtställe 31.

Bifoga kvitton i original och ev beslut om SINK

Anvisningar se: <http>

Specification of taxfree reimbursement

Receipt no	Amount according to receipt	Currency according to receipt	Exchange rate	Currency	Amount according to exchange	VAT(moms) (only swedish receipts)
Summa						