



Internklient:

Avd: _____

Prosj: _____

Payment form / Reimbursement of travel expenses and fees

Name: _____

Postal address: _____

City: _____

Zip: _____

ID number or number of organisation: _____

Name of bank: _____

Swiftadress: _____

IBAN number: _____

FEE AMOUNT: _____

Specification of reimbursements:

Description:	Amount:
Total:	

Before reimbursement all receipts must be enclosed, and all the column must be filled out.

Date/Educators name

Date/Organizer