

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

TO BE FILLED IN BY TH	HE DEPARTI	MENT ADMINIS	TRATOR	
Institutionsnummer		Handläggare SU samt telefonnummer		
Datum för blankettens upprättande			Förfallodatum (30 dagar netto)	
TO BE FILLED IN BY TH	HE CLAIMAN	IT		
Surname and first name				
Address				
Postcode (Zip code) City			Country	
Total	VAT	Currency	No of pages attached (this form not included)	
Project ID number			Payment message (14 characters)	
BANK DETAILS				
Name of your bank (not necessary when using IBAN)			Bank address, branch (not necessary when using IBAN)	
Account No (not necessary when using IBAN)			Swift/Bic-code	
IBAN (start with country code)			I	
Fedwire/ABA or Routing No to US E	Bank (9 digits)			
Canadian Code/Routing No to Cana	adian Bank (9 digit	s)		
BSB No to Australian Bank (6 digits)			
Clearing code/Sort code to South A	frican Bank (6 digi	ts)		
IFS code to Indian Bank (11 characters)			Clearing code to New Zealand Bank (6 digits)	
EXPENSES			•	
Please specify				