

Travel Accounting



Space following writing in **red** must be filled in.
Please return within 8 days after end of journey.

Please return to:

Name _____ Persons with a Danish CPR no. will have the amount transferred to their 'NemKonto'

Home Address _____ **CPR no.:** _____

Postal code & Town _____

Country _____ **Banking details:**

SDU-department _____ **Reg. no.** _____

Destination _____ **Account no.** _____

Address _____ **IBAN/ABA:** _____

Purpose _____ **Swift code** _____

Departure Date _____ **Time** _____ **Bank Name** _____

Return Date _____ **Time** _____ **Bank Address** _____

Currency _____ **Exchange rate** _____ **Account holder** _____

Approved grant amount DKK: _____

*Reserved for Administration
(skal udfyldes af institut/afdeling)*

Underkonto 10

Artskonto 221000

Omk.sted 1 19000

Formål _____

Projekt _____

Analyse 19030

Omk.sted 2 _____

Udfyldt af: _____

Transportation costs (According to original vouchers)	Ticket Price	Amount/DKK	Additional Information
_____	_____		
_____	_____		
Use of own car. Reg. no.: _____ Kilometre (in total) _____		*)	
Night allowance without documentation: _____		*)	
Accommodation: _____			
Per diem payment according to vouchers <input type="checkbox"/> Or per diem payment without vouchers <input type="checkbox"/>			
No. of meals offered: Breakfast _____ Lunch _____ Dinner _____			
Board meals (according to vouchers): _____			
Other expenses, type (according to original voucher): _____			

	Total Expenses		
*) The Danish tax authorities are informed	Total amount to be reimbursed		

Reserved for Accounting Office: _____ **Certified by Head of Department:** _____ **Traveller's signature:** _____

Completed by: _____

Checked by: _____ **Date** _____ **Date** _____

UK	Artskonto	Omk. 1	Formål	Projekt	FK	Analyse	Omk. 2	D/K	Beløb	Beskrivelse