|  |  |
| --- | --- |
| Delivery no. | Exhibit no |

**Refusjon av utgifter**

**Refund of expenses**

|  |  |
| --- | --- |
| Navn Name |  |
| Adresse Address: |  |
| Bud.enhet Budget unit |  |
| Kort beskrivelse av hva som kreves refundert Brief description of the expenses for which a refund is claimed |  |

**Spesifikasjon Specification**

|  |  |  |
| --- | --- | --- |
| Kvitteringsnr.Receipt no. | BeskrivelseDescription: | BeløpAmount |
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|  |  |  |
|  |  |  |

Kvitteringene følger vedlagt Receipts are attached.

|  |  |
| --- | --- |
| Utgiftene er betalt av meg og bes overført kontonr:I have paid the expenses, and ask that my reimbursement be transferred to bank account no.:  |  |

AHO, …./…./…….

………………………………………………………………………………………

Sign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attestasjon Attestation (Norwegian only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Account | Institute / adm. unit | Subject area | Project | Exchange rate | Amount |
|  |  |  |  |  |  |
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|  |
| --- |
| Date and signature (person responsible for the budget) |
|  |
| Date and signature (budget allocation authority) |
|  |