

Statement of Account (KUB-kurs)

Svensk Kirurgisk Förening

Name _____

Address _____

Information needed for transferring money/payment:

Name of the bank _____

Address of the bank _____

Inside Europe (in EES/EU):

IBAN no _____ Bank code (Swift or BIC) _____

Outside Europe:

Bank account no _____

National ID-bank code (sort code, Routing, BLZ or ABA) _____

Purpose of the meeting _____

Date and place of meeting _____

Transportation expenses	Amount/ currency
Train, bus airplan, ferry	
Taxi	
Car, km	
Other, specify	
Hotel	
Food, restaurants (number of persons)	
Other expenses (specify)	
Total	

Only expenses documented by original vouchers (not copies) will be reimbursed.

Date and signature _____

Reserved for the Treasurer Attest utbetalning från bg	Kostnadsställe
Tobias Kjellberg, Treasurer	Date