



**Report of expenses made on behalf of Medicinska Föreningen**

Expenses made by (First name, Last name):

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Wish to receive (SEK): \_\_\_\_\_

To be paid to

Bank: \_\_\_\_\_

Clearing nr: \_\_\_\_\_ Account nr: \_\_\_\_\_

In accordance to decision made by:

\_\_\_\_\_

The cost is for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Place for original receipt(s)*

The cost shall be charged to

Account(konto): \_\_\_\_\_ Result unit (resultatenhet): \_\_\_\_\_ Project: \_\_\_\_\_

**Attestation by authorized person according to attestation order:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Clarification of signature)

\_\_\_\_\_  
(Date)

**Medicinska Föreningen i Stockholm**

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**Treasurer**

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