

Report of expenses made on behalf of Medicinska Föreningen

Expenses without a legit decision or out of budget will NOT be reimbursed. **Write readably.**

Expenses made by (first name, last name):

E-mail: _____

Wish to receive (SEK): _____

To be paid to bank: _____

Clearing no: _____

Account no: _____

The cost is for:

In accordance to decision made by:

The cost shall be charged to:

Account: ____ ____ ____ ____ Result unit: ____ ____

Project/event: _____

Put original receipt(s) here

Attestation by authorized person according to attestation order:

It is NOT possible to attest *expenses made by oneself* or if the *decision on expenses was made by the attestant him/herself*.

The attestant shall make sure:

- that a decision on expenses has been made and that it was made by an authorized person/organ and that it is assigned on this form,
- that the right account and result unit are assigned, and
- that the assigned cost is in accordance with the receipt(s) and within budget.

(Signature of attestant)

(Clarification of signature of attestant)

(Date)