

EXPENSE REFUND

FOR PAYMENTS THAT ARE NOT TO BE REPORTED AS SALARY

Original invoices, receipts etc. must be attached. Cash payments will not be made.

Last name	First name(s)	Date of birth + norw. id no. (if any)
Home address (<u>only</u> for first payment or subsequent changes)		Post code, city and state
Department / section at UiO Center for Heart Failure Research, Faculty of Medicine		
Norwegian bank account (<u>only</u> for first payment or subsequent changes)		
For payments to bank accounts abroad the bank details form below should also be filled out		

The amount covers:

For administration. Do not fill out.

Account / Artskonto	Place / Sted	Project	"Tiltak" no.	Amount
Countersignature / Attestasjon	Date	Signature		Telephone
Authorization / Anvisning	Date	Budget disposition authority / Budsjettdisponeringsmyndighet		

