

# 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 \_\_\_\_\_

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

***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