FINNISH SOCIETY FOR RHEUMATOLOGY

SPECIFICATION OF TRAVELLING EXPENSES

Name			Date of birth			
Occupation/post			Citizenship			
Email address			Telephone/work		Telephone/home	
Account holder						
IBAN-account			SWIFT / BIC			
Home address						
Purpose of the trip and date						
Specify the different stages of the trip in chronological order: *Point of departure and arrival and vehicle used. If you are applying kilometer allowance, state the kilometres and allowance per kilometer (0.42 EUR/km 2018). Original receipts (hotel, parking etc) needed as attachements.						
Date	Started at -	Stages	. , , , , ,	No. of	Daily	Total
	Ended at			travelling	allowance	
				days	per day	
TOTAL PAYMENT EUR					•	
T			T			
Place and date			Signature			
			Approved by			

This form is to be returned to the treasurer of the Finnish Society for Rheumatology:

Suomen Reumatologinen Yhdistys ry c/o Antti Puolitaival, Hiidenkatu 1 D 3, 70840 Kuopio