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 (0.57/km (2024)). Original receipts (hotel, parking etc) needed as attachements.

Date	Started at - Ended at	Stages	No. of travelling days	Daily allowance per day	**Total**
TOTAL PAYMENT EUR					

Place and date	Signature
	Approved by

Kindly sign and return as a PDF file to: rahastonhoitaja@reumatologinenyhdistys.fi