



LUNDS
UNIVERSITET

Health Promotion Reimbursement

Surname, First name	Personal identity number
Address	Post code Town/city
Department/unit	

Space for original receipt

The receipt must state the name of the salesperson, the activity, the name of the employee, the amount paid (with VAT specified), the date and the period of validity.

Date and signature of employee

During the calendar year 2017 I have
already been reimbursed SEK _____

Amount to be reimbursed, SEK _____ (max 1 870 per calendar year)

Date and signature of head of department/equiv

Name in print

The form is to be sent to the Salary Office , internal mail code 23, for processing.