



## EXPENSE CLAIM

with supporting documentation

Date: \_\_\_\_\_

International Neuroinformatics  
Coordinating Facility  
Karolinska Institutet

KI employee:

YES  
NO

Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Post Code & City:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

TAX-Number:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email-Adress:

\_\_\_\_\_

**Purpose:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount:**

\_\_\_\_\_

**Currency:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

.....  
**INCF**

**Authorized signature:**

\_\_\_\_\_

Short-code:

\_\_\_\_\_