|  |  |
| --- | --- |
| **Department of Clinical Science, Intervention and Technology (CLINTEC)** |  |

 **Travel authorisation**

Traveller’s first- and surname: First- and surname.

Division at CLINTEC: Scroll to choose division.

Purpose of business trip: State the purpose of the business trip.

Place and performance Place, country.
of official duty (place and country):

Period: From, date

 To, date.

Estimated cost of ticket(s): Amount. SEK.

Estimated cost of accommodation: Amount. SEK.

Course/ Conference fees: Amount. SEK.

 **The costs for trip will be charged to project:**

Project number:H9XXXXXX.

Date of signature.

………………………………………… …………………………………………
Traveller Head of division

………………………………………… …………………………………………
Printed name Stamp/ Printed name