



Norwegian Softball and Baseball Federation

Reimbursement form

Form and receipts must be returned by the 25th the following month in order to be reimbursed.

Name		Social security no.:	
Address		IBAN/account no.:	
City/postal code		BIC/Swift-address	

Purpose of travel			
Departure (date/time)		Arrival (date(time))	

Driving

Car type	
Registration no.:	

Route	Km á 3,50 kr	Passanger á 0,50 kr	Kr
Total cost driving			kr 0,00

Specification other expenses

Expense type (actual documented expenses)	Kr
Total other costs	kr 0,00

Total (driving + other)	kr 0,00
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Signature / date	
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Approval / date	
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Information: max. reimbursement - breakfasts kr 50 - lunch kr 100 - dinner kr 200