|  |  |
| --- | --- |
|  | **RESERÄKNING UTAN TRAKTAMENTE** |
| **Personuppgifter** |
| Namn | Personnummer |
|       |       |
| Arbetsplats | Verksamhetsområde | PA-team |
|       |       |       |
| Adress (gäller ej landstingsanställd) | Postadress (gäller ej landstingsanställd) |
|       |       |
| **Reseuppgifter** |
| År | Månad |
|       |       |
| **Dag** | **Resmål** | **Egen bil, km (tjänsteresa)** | **Egen bil, km bostad- arb.plats (skattepliktig)** | **Arvode** | **Utläggenligt kvitto** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|  | **Summa** |  |  |  |  |
| **Beslut** | *Fylls i av arbetsledare* |
| Datum | Underskrift | Namnförtydligande |
|       |  |       |
| Anmärkning |
|       |
|  |