Bank Ref No:_____ Transfer Date:_____ Budget Line:_____ Approved:_____

Internal Ref No:_____

EXPENSES CLAIM FORM
INTERNATIONAL STUDENTS' UNION OF NORWAY

Date	Receipt No	Description	Sum

Total (NOK)= _____

Name : .....

Branch : .....

Address : .....

Phone No : .....

E-mail : .....

Account No : .....

Signature : _____

Comments: