Swedish Society of Anaesthesiology
and Intensive Care Medicine (SFAI Verksamheter AB)
Statement of Account

Name: _____ **Email adress:**_____

Homeadress: _____

Information needed for transferring money/payment :

Name of the bank: _____

Address of the bank: _____

Inside Europe (in EES/EU)

IBANno: _____

Bank code (Swift or BIC): _____

Outside Europe:

Bankaccount no: _____

National ID-bank code (sort code, Routing, BLZ or ABA):

_____

Purpose of the meeting: _____

Date and place of meeting: _____

Expenses	**Amount/currency**
Transportation expenses	
• Train, bus, airplane, ferry	
• Taxi	
• Car km (1,85 SEK/km)	
· Other (specify)	
•Lecture fee (25% will be deducted)	
Hotel	
•	
Food, restaurants (number of persons)	
•	
Other expenses (specify)	
•	
Total	

Only expenses documented by original vouchers (not copies) will be reimbursed

…… ……
Signature Date

Reserved for The Treasurer

Kostnadsställe: ……

…… ……
Per Nellgård, Treasurer Date

Statement of account and vouchers should be sent to:
SFAI- Verksamheter AB, c/o Verksamhetschef Per Nellgård, Verksamhetsområde kärl Thorax
Blå Stråket 7, 4:e vån, Sahlgrenska Universitetssjukhuset, 413 45 Göteborg
Per.nellgard@vgregion.se, +46-31-3428146 or +46703286563