



SWORN STATEMENT

NAME:	<input type="text"/>		
EMPLOYEE NO.:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
ZIP CODE:	<input type="text"/>	TOWN:	<input type="text"/>
INSTITUTE/ DEPARTMENT	<input type="text"/>		

I do solemnly and sincerely declare, that the document referred to below has been lost or could not be obtained.
Filing a false declaration knowingly and willfully is a criminal offence under the Danish Penal Code.

Reason for absence of document	Nature of Expense	Amount in DKK
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

If the statement concerns student travel, the responsible organizer must certify here

DATE:	<input type="text"/>
NAME:	<input type="text"/>

DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>