

30.06.2016

Unit of Jyväskylä University of Applied Sciences Teacher Education College (TEC)	
Last/ Family name Smith	First and Middle Name (please underline the one used) John Oscar
Date of Birth and Personal ID number or TIN number XXXXXXXXXXX	Education XX
Street Address, Post Code, City XXXXXXXXXXXXXXX	
Telephone 040 XXX XXXX	Taxation Municipality XXXXXXXXXXXXXXXXXXXX
E-mail firstname.lastname@email.fi	
Street Address, Post Code, City in Native Land	
Bank, Account Number, Street address (if overseas)	
Bank SWIFT code	
IBAN Bank FIXX XXXX XXXX XXXX XX	
Job/ Task/ Event Facilitating learning in practise -course / Guidance / Name of the teacher student:	
Employer/ Organiser Teacher Education College / Name of the teacher in Vocational Teacher Education College:	

Nature of Payment: Lecture Fee, following information is needed for statistic purposes Teacher Other
 Hourly-Waged Job Meeting Fee

Job	Date	Time	Total	á €	Total €
	dd/mm 20 yy	-	10 h, min	25	250
	20	-	h, min		
	20	-	h, min		
	20	-	h, min		
	20	-	h, min		
	20	-	h, min		
Total 10 h, min				Total 250 €	

Advance Tax: According to Attached Tax Card 60 % Advance Tax Tax-at-source Card

Please attach a travel expenses report if you apply for travel-related reimbursement.

Date dd/mm/2016 _____

Signature of Applicant

PS –koodit		Numerotarkastus		Kirjanpitokausi	Tositelaji	Tositenumero
TILI	KP	TOIM.	VP	PROJEKTI	DEBET	KREDIT
Asiallinen tarkastaja				Hyväksytään		
Päiväys /20				Päiväys /20		