



**APPLICATION FOR COVER OF TRAVEL EXPENSES at Gjøvik University College**  
 (This application form only applies to internal students)

Please fill out the grey sections of the form on the computer, print it out and submit it to a teacher/professor for signing before it is submitted to the student information centre in the G building.

<b>Name: ---</b>		
<b>Street address: ---</b>		<b>Post address: ---</b>
<b>Telephone no: ---</b>	<b>Student no: ---</b>	<b>Class: ---</b>
<b>Personal ID no: ---</b>	<b>Account no: ---</b>	

**APPLICATION FOR COVER OF TRAVEL EXPENSES IN CONNECTION WITH WORK PLACEMENT FOR NURSING AND RADIOGRAPHY STUDENTS (minimum 40 km one way)**

Workplace: ---

Period/year: ---

Number of travel days: ---

Number of km: ---

Amount: ---

Total amount: ---

Confirmed place of study in the given period:

.....  
 Date/Teacher/professor

.....  
 Date/Signature of invoice issuer

**NB!**

**The form will be returned to the sender if it is not correctly filled out, or if necessary attachments are missing.**