The claims form must be sent by the 20th day of the month after the trip to Suomen Yrittäjät, **matkalaskut@yrittajat.fi.**

TRAVEL EXPENSES CLAIMS FORM 2026

TRAVELLER _____ PERSONAL ID NUMBER _____

ADDRESS _____

EMAIL _____

IBAN A/C NO. _____

Trip began _____ time _____ Trip ended _____ time _____

ROUTE / COUNTRIES _____

Purpose of the trip _____

Attach invite / programme _____

	AMT	EUROS	TOTAL €
PER DIEM, FINLAND Trip longer than 10 h or trip time exceeds last full travel day by more than 6 h		54.00	0.00
2 free meals reduce total per diem by 50%		27.00	0.00
PART PER DIEM, FINLAND Trip longer than 6 h or trip time exceeds last full travel day by more than 2 h		25.00	0.00
1 free meal reduces part per diem by 50%		12.50	0.00
FULL PER DIEM, ABROAD			0.00
2 free meals reduce per diem by 50%			0.00
KM DRIVEN à 0.55		**KM**	0.00
KM DRIVEN, PASSENGERS à 0.04 ***)**	**PAX**	**KM**	0.00

BREAKDOWN (NB! Original receipts)	**ATTACHED**	**CASH**	
Air, train, etc. expenses			0.00
Taxi fares			0.00
Parking costs			0.00
Others (e.g. hotel)			0.00
BREAKDOWN, TOTAL		0.00	0.00

***) Additional passengers:**

_____

_____

_____

_____

_____

PAID IN TOTAL 0.00

PLACE AND DATE _____

SIGNATURE: _____

RESET FORM