****  b.nr.:

 **UNIVERSITY OF OSLO**

 **aSSIGNMENT CONTRACT/fEE PAYMENT**

|  |  |  |
| --- | --- | --- |
| Family name: | First name: | Employee no. (SAPDFØ) |
| Date of birth: | Passport no. (if no Norwegian ID) | Norwegian ID 11 digits (if no employee no.) |
| Street address: | Postal code and city: |
| Mail address:  | Phone number:  |
| Gender (if no Norwegian ID):  |
| Bank account no.: If foreign bank account, complete and enclose [this form (pdf)](https://www.uio.no/for-ansatte/skjema/vedlegg-utland.pdf). |
| **The contract is entered into with** (the unit’s name as registered in SAPDFØ)**:** **The assignment concerns:** SKRIV ARBEIDSOPPGAVEThe agreement is entered into on the terms mentioned in the National Insurance Act and the Public Administration Act and is reimbursed with a fixed amount. Holiday pay or pension contributions to the Government Pension Fund are not calculated. If the wrong remuneration has been paid, the University of Oslo can make the necessary adjustments in the event of any future payment.Payment to one person that does not exceed NOK 1,000 from one client during an income year is tax-free for the recipient. If an assignment has been performed for the University of Oslo earlier in the income year, this entails a tax deduction on the remuneration when the total gross amount exceeds NOK 1,000. |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Signature contractor |  | Date | Signature UiOPerson with power ofauthorisation (BDM) |

 |
| **Payment/additional information** (to be completed by the case-handler, for internal use only) |
| **Må fylles ut:**Kostnadssted (navn og nummer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Kommer medarbeider til totalt å ikke tjene over Kr 1.000 ved UiO i år. (Ja/Nei)\_\_\_\_\_\_\_\_\_\_\_\_Skal arbeidet utføres utenfor Norge. (Ja/Nei)\_\_\_\_\_\_\_\_\_\_\_ |
| **Kostnadssted**  | **Delprosjekt**K-element 7 | **Arbeidspakke**K-element 5 | **Totalbeløp i NOK** |
|  |  |  |  |
|  |  |  |  |
| **Attestasjon** | Dato | Underskrift attestasjonsmyndighet  |
| **Saksbehandlers navn** | **Tlf.** | **e-post** |
|  |  |  |