



Invoice Request Form (Highlighted text is mandatory) Form and associated documents are to be emailed to uf-fakturor@kth.se

School

Välj ett objekt.

Date

Customer

Company name	Customer No:
Invoice Reference	Org.nr/VAT No:
E-mail address for pdf-invoice	
Address	

KTH

Our reference (Appears on invoice)
Accounting text in Agresso (Does not appear on invoice)

Invoice Items

Invoice description (Information to be included on the invoice)	Org/Inst:	Project No:	Qty	Unit Price	Amount excl VAT (SEK)	Account	Financier
Total amount							

Invoice requested by:

.....

Full Name

Financial attest (if needed)

.....

Full Name