Trygghetsfonden TSL

Box 19081

104 32 STOCKHOLM

**Request for payment for TSL-case number**

**[Company name]** hereby requests payment of the grant for adjustment support. We request that the grant be transferred to the company’s account/bg/pg.

In order to receive the payment from TSL the following documents need to be attached:

* **Copy of the paid bill**
* **Names of the persons that have begun adjustment, if this is not clear from the bill itself.**
* **Verification from bank or giro affirming payment of the bill. The document should be dated after the payment date. Copies from internal book keeping systems are not accepted.**

If TSL requires supplementary information, contact:

**[name],** **[telephone nr.]**

Scan and e-mail the information to [info@tsl.se](mailto:info@tsl.se) or send by fax to nr 08-411 18 15.

If you have any questions contact TSL at 08-412 22 00.