

Fees and Expenses Claims Form

2021_01

Administrative unit
Name / First Name phone

Beneficiary

Mr. Mrs. Title Prof. PD Dr.

Name, First Name

Private address Address

Country, ZIP, City

Date of Birth Nationality

Marital Status unmarried married registered Partnership
 divorced widowed

Telephone e-mail

Swiss national insurance no.

Please enclose a copy of the national insurance card

Work Permit B-Permit L-Permit C-Permit G-Permit

Please enclose a copy of the permit

Self-employed in Switzerland Yes, I am a self-employed worker in Switzerland

Please enclose a copy of the official confirmation of the Federal Mutual Compensation Fund

Fees and Expenses Claims

Service claimed

Dates worked from to

Amount in Account Cost Centre / Order

Fees

Expenses (please attach receipts)

Payment

Name of account holder must be the same as above.

Name of Bank/Post

Country, ZIP, City

IBAN Nr.

BIC

Swiss residents: Unless otherwise stated, no AHV/IV/EO- and ALV-contribution are made for amounts below CHF 2'300.-.

I wish deductions of AHV-/IV-/EO- and ALV-contribution.

The services were provided overseas.

I confirm, that I am a self-employed person in my homecountry (USA, Canada, Philippines)

Signatures

Recipient Date

Administrative unit Date