**Claim of Business Expenses**

**Beneficiary**

|  |  |
| --- | --- |
| First name, surname |  |
| Full address (private) |  |
| ZIP code, city |  |
| Country |  |
| E-mail |  |

**Bank Account Details**

|  |  |
| --- | --- |
| Name of account holder1 |  |
| Address of account holder1 |  |
| Bank name |  |
| Bank address, city |  |
| IBAN no (if available, not for US) |  |
| Account no (if no IBAN available) |  |
| SWIFT-BIC code |  |
| Wire transfer routing no. (US only) |  |

1Fill in only if it’s different from the beneficiary information

**SCS Event / Activity**

|  |  |
| --- | --- |
| Event / Activity |  |
| Date |  |
| Location, City, Country |  |

**Business Expenses**2

|  |  |  |
| --- | --- | --- |
| **Total Amount to be transferred** | **CHF** | **0.00** |
| Designation 1 | CHF | 0.00 |
| Designation 2 | CHF | 0.00 |
|  |  |  |
|  |  |  |
|  |  |  |

2Add scans of the receipts to the claim form

|  |  |  |  |
| --- | --- | --- | --- |
| Date, Location |  | Signature3 |  |

 3Simply type your name if you hand in the form electronically