

# Expense report SHCS



b  
UNIVERSITÄT  
BERN

<i>expense claimer</i>	<i>payment address</i>
surname _____	<b>post office account</b>
first name _____	IBAN number _____
street _____	<b>bank account</b>
postcode _____	IBAN number _____
town _____	BIC / SWIFT _____
	bank name _____

Please send copies of the original train tickets as an attachment to [marianne.amstad@usz.ch](mailto:marianne.amstad@usz.ch)