

## Statement of transport costs

Insured p	person				
First name		Surname	Client number	Client number	
Informati	ion about the person r	making the journey			
First name		Surname			
Bill					
Month		Year		Payment per kilometre CHF  CHF 0.70	
			OIII 0.70	O: II 0.70	
Please al	lways provide exact d	escription for each day giorno			
Date	Where to		Number of	Amount in CHF	
	(e.g. Physiotherap	by, chemotherapy, dialysis, etc.)	kilometres		
Total kild	ometres				
Total am	ount in CHF				
Amount   Place/date	received	Driver's si	gnature		
			J		