BLUTSPENDE SRK SCHWEIZ
TRANSFUSION CRS SUISSE
TRASFUSIONE CRS SVIZZERA
SWISS BLOOD STEM CELLS

Blutspende SRK Schweiz AG
Tel. +41 (0)31 380 81 81
donorcenter@blutspende.ch
www.blutspende.ch

EXPENSE CLAIM – CT

GRID .....

Given name ..... **Surname** .....

Date of birth .....

Date confirmatory typing .....

Expenses associated with the confirmatory typing in .....
(travel expenses: 2nd class train ticket, vehicle mileage at CHF 0.70/km, taxi fare; meal expenses)

Please attach **all proofs of purchase**.

Travel expenses:

..... CHF ____

Meal expenses:

..... CHF ____

Other (child care etc.):

..... CHF ____

Total expenses **CHF _____**

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Account details

IBAN .....

Name of bank/post office .....

BIC .....

Name and address .....

of account holder .....

Place, date Signature

....

All data will be treated as confidential.

Send to:

Transfusion SRC
SBSC, Donor Center
Waldeggstrasse 51
3097 Liebefeld

or via e-mail to: donorcenter@blutspende.ch