Statement of transport costs

Insured person

First name	Surname	Client number

Information about the person making the journey

First name	Surname	Adresse

Bill

Month	**Year**	Payment per kilometre CHF
		CHF 0.70

Please always provide exact description for each day giorno

Date	**Where to** (e.g. Physiotherapy, chemotherapy, dialysis, etc.)	**Number of kilometres**	**Amount in CHF**
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
			CHF 0.00
Total kilometres		0.0	
Total amount in CHF			**0.00**

Amount received

Place / date	Driver's signature

Please return to:
CSS, Leistungsprüfung, Postfach 2568, 6002 Luzern