

Confirmation of Services rendered up to a maximum of CHF 2300 per calendar year and area (of competence) for residents abroad.

Not to be used for self-employed and employees of ZHdK

EU/EFTA: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, the United Kingdom, Estonia, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Czech Republic, Hungary, Cyprus, Bulgaria, Romania, Principality of Liechtenstein.

>> Please fill out this claims form on your computer. Claims cannot be processed unless the form is filled out completely

01 Personal Data

Title Ms Mr
Surname _____
First name _____
Street & no. _____
ZIP/city _____
Country _____
Phone no. _____
E-Mail adress _____
Highest education _____
Senior year _____
Personnel no. _____
Date of birth _____
Social Security no. _____
Nationality _____
Marital status _____
Student Yes No
ID category L G
>> please attach copy of ID card
 3104 Apprenticeship 5201 University, Diploma 5302 University College: Licentiate/Diploma

02 Agreement

Type and extent of activity >> please describe in detail

Timeframe from _____ to _____
In which country is the service provided? _____
Description of the area of study or name of department _____

03 Remuneration

>> agreed payment (please tick as applicable)
 Hourly rate _____ Number _____ hours x gross hourly rate CHF _____ = Total CHF _____
 Lump-sum remuneration _____ gross CHF _____

>> Withholding tax: Withholding tax is levied on foreign nationals based and deducted on the gross amount.
Swiss citizens resident abroad are subject to withholding tax, too, if the conditions stipulated by Swiss law on the liability to pay such tax are met.

04 Hours worked

Date	from	to	Total hours	Date	from	to	Total hours
:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:
:	:	:	:	:	:	:	:
Total				_____			

05 Expenses as per expense regulation of Zurich Art Academy (Zurich Academy of Arts)

<input type="checkbox"/> Travel expenses	_____	Total CHF	_____
<input type="checkbox"/> Accomodation	_____	Total CHF	_____
<input type="checkbox"/> Meals	_____	Total CHF	_____
<input type="checkbox"/> Various (Misc.)	_____	Total CHF	_____
>> Expense payment will only be processed against official receipts (please attach and forward to us)		Total CHF	_____

06 Payment details

Account holder _____

P.O. IBAN _____

Bank Name _____ Branch _____

Street & no. _____ ZIP/city _____

Account no. _____ Country _____

IBAN _____ BIC/BC _____

Abarouting-Nr. (USA) _____

07 Payment of social security contributions (AHV/IV/EO/ALV)

Social security contributions are not being levied on remuneration up to CHF 2300 per calendar year.

08 Accident insurance

Non-self-employed individuals working at least 8 hours a week must be insured for non-work-related accidents. Part of the premium paid for this mandatory non-work-related accident insurance is paid by the employee.

If a lump-sum payment is agreed or if the weekly working time is less than 8 hours, the employee is only insured against work-related accidents. The premium is paid by the employer.

09 Signature of he contractor

The signatory confirms the accuracy of statement.

Surname/first name _____

Datum _____ Signature _____

10 Signature of the principal

Internal control

Surname/first name _____ Phone no. _____

Date _____ Signature _____

>> CC (Cost centre)

Kostenstelle _____

Innenauftrag 9720 _____

(Forschungsprojekt) PSP-Element 9720 _____

Beneficiary as per financial authority (competence)

Surname/first name _____ Total remuneration _____

Date _____ Signature _____