

# FWO Refund Form

**Name / First name**  
.....

**Address / Place**  
.....

**FWO Function & Team**  
.....

**Date**  
.....

**Account number / IBAN:**  
.....

**Post account number:**  
.....

**Reason of the purchase**  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Date of the purchase:** .....

**Total of purchase:** .....

**Receipts**

<b>Approval</b>	
President or vice president	Head of finance

Send to: [finance@fwolten.ch](mailto:finance@fwolten.ch)