

OTTO-VON-GUERICKE-UNIVERSITÄT
Internationale Graduiertenschule ABINEP

Universitätsplatz 2
39106 Magdeburg

Funding: ESF Project ZS/2016/08/80645 and
Federal State Saxony Anhalt

Accounting form for subjects

Name: -----

Street: -----

City: -----

Phone: -----

Invoice

According to the list below, I was available for a total of _____ hours as a test person for ABINEP project M__-P__. As agreed, I charge _____ EUR per hour.

Please transfer the total amount of _____ EUR to my account as soon as possible. I am aware that I must personally ensure that the tax regulations are complied with.

Name of bank: -----

IBAN: -----

Swift/BIC: -----

List of hours

Experiment/remarks	Date	Hours	Investigator
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Kind regards,

Signature of subject

Confirmation of factual correctness