

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
_____	__-__-__	_____	_____
_____	__-__-__	_____	_____
_____	__-__-__	_____	_____
_____	__-__-__	_____	_____
_____	__-__-__	_____	_____

Kind regards,

Signature of subject

Confirmation of factual correctness