

Received on:

To
Mozarteum University Salzburg
Course and Examination Management

Project Invoice PhD in the Arts

Matriculation Nr.: _____

Name: _____

Street, Streetnumber: _____

Postal code, City: _____

Telephone: _____ E-Mail: _____

Invoices:	Amount	according to dissertation agreement
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
Total amount (min. € 1.000): _____		

For the above listed invoices, I request payment to the bank account:

Bank: _____

IBAN: _____ BIC/SWIFT: _____

Date

Signature

The personal data you provide will be processed by Mozarteum University Salzburg for the purpose of processing your studies (Art. 6 Para. 1 lit c or lit e GDPR). Further data protection information can be found in the data protection declaration for students (Mozonline) and the website (see QR code).



To be filled in by the Course and Examination Management

Total agreed budget: _____ Available budget: _____

Requested payment: _____

Amount to be paid: _____ Available budget after payment: _____

Date

Signature

Kostenstelle: 99E_ARTES	Zeichen SB:
Beleg Nr.:	
Sachlich richtig:	Anmerkungen:
<i>(Datum / Unterschrift)</i>	
Zahlungs-/Verrechnungsauftrag:	
<i>(Datum / Unterschrift)</i>	
gebucht Quästur:	