Dąbrowa Górnicza, ………………

|  |  |
| --- | --- |
| Full company name: Street, building no. apartment no: Postcode, city/town: Phone number / Fax: Tax number: The contact person’s name: |  |

### ORDER no. Z/……../……../

Concerning.:

WSB University orders/commissions :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ordinal number** | **item/service** | **amount** | **Unit net price** | **Net Value** | **VAT %** | **VAT amount** | **Gross value** | **Destination** |
| 1 |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

Source of financing: project „PERFECT – Regional Initiative of Excellence in WSB University” no. 018/RID/2018/19, financed from the funds of the Ministry of Education and Science within the project under the name „Regional Initiative of Excellence” for the years 2019-2020.

Other: Project number in the system ok: 0140.00 pos.

Project completion date ………… We kindly ask to issue VAT invoices to the address:

### WSB University

**1c Cieplaka Street**

**41-300 Dąbrowa Górnicza**

**Tax number (NIP) 629-10-88-993**

Payments will be settled via bank transfer after completing the order and providing the VAT invoice within 21 days. Should you have any questions, please contact………………….. on ………..

 **person preparing/applicant:**

 ……………………………………………..

 authorized person’s signature and stamp

…………………………………………….Science Development employee’s signature and stamp

**Approver:**

……………………………………………………………...

Project Manager’s/authorized person’s signature and stamp