Contact:

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Postal address:

Family Service, Equal Opportunities Office

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**Invoice Form**

|  |  |
| --- | --- |
| Last name, first name (invoicing party) |  |
| Address (private/business) |  |
|  |  |
| Town/city/postcode |  |

|  |  |
| --- | --- |
| Telephone |  |
| Email |  |
|  |
| Tax-exempt:Yes [ ]  No [ ]   |
|  |

|  |  |
| --- | --- |
| Tax number/ID number |  |
| VAT number |  |
| **Bank details (invoicing party)** Last name, first name |  |
| IBAN |  |

|  |  |
| --- | --- |
| BIC (optional)  |  |

**Nature and scale of the service provided**

|  |  |
| --- | --- |
| Service |  |
| Date of service provision |  |
| Number of hours |  |
| Sum invoiced in € (attach the invoice as applicable) |  |

|  |  |
| --- | --- |
|  |  |

**Issue date/signature**

Please note: The deadline for submitting invoices is 14 days after the service has been provided, the deadline for the budget year is 7.12.