|  |  |  |
| --- | --- | --- |
|  | **Personal Information** |  |
|  | Name of the organisational unit:       |  |
|  | Last name, first name:       |  |
|  | Office telephone:       | Office Email:       |  |
|   | Faculty /Institute:       |
|  |  |

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| --- |
| **Information on expected costs** |
| Expected purchase date (DD.MM.YYYY): | Description | Cost (Euro) | Coverage from other sources |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  | **Total amount:** |       |        |

I hereby certify that I have no other funding available (e.g., start-up package (Berufungsmittel), project, department, faculty funds).

|  |  |  |
| --- | --- | --- |
|  | **Signature of the applicant** |  |
|  | Date       | Last name, first name and signature of the applicant |  |

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| --- | --- | --- | --- | --- | --- |
|  | **Statement of the supervisor of the PhD (only for purchases over 500 €)** |  |  |  |  |
|  | Date:       Last name, first name and signature of the supervisor |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Statement of the Budget Officer** |  |
|  | Notes       |  |  |
|  | The requested costs of       **Euro** are approved. |  |
|  | Date       | Last name, first name and signature of Budget Officer |  |