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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |