I N V O I C E (for guest lectures)

Invoicing party

First Name: .....

Family Name: .....

Address: .....

.....

....

Social Security Number **and** Date of Birth Todays Date

Kunstuniversität Linz
Universität für künstlerische und industrielle Gestaltung
Hauptplatz 6
4020 Linz

Invoicing number: .....

Description of the performance effected by you **Date of performance:** .....

.....

.....

Invoice amount incl. travel expenses EUR _____

Details for bank transfer

Name of bank: .....

IBAN (International Bank **Account Number**): .....

BIC (Bank identifier code): .....

.....
Signature of invoicing party

Required Attachments:	☐ copy of passport or ID (always required) ☐ Tax declaration form (always required) ☐ Declaration fort he purpose of tax treaty if necessary (when income in Austria exceeds EUR 2.000,00 in the current calendar year -> form ZS-QU1) ☐ Certificate of residence (when income in Austria exceeds EUR 10.000,00 in the current calendar year -> form ZS-AE)

Kostenstelle/Auftrag:.....

....

Datum der Genehmigung **InstitutsleiterIn**