

Order Form for a Journal

| orderer | | | |
|-------------------------|--|-------------|--|
| first name and surname: | | title: | |
| faculty: | | department: | |
| email: | | phone: | |

| journal | | | |
|-------------------------|--|-------|--|
| journal title: | | | |
| publisher: | | | |
| country of publication: | | ISSN: | |

| journal placement and price | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| journal will be placed at: | <input type="checkbox"/> the reading room <input type="checkbox"/> the workplace <input type="checkbox"/> one month at the workplace, then transferred to the reading room |
| estimated price: | |

| payment | | | |
|--------------------|--------------------------------------------------------------------------------|-----------|--|
| to be paid out of: | <input type="checkbox"/> department funds <input type="checkbox"/> grant funds | | |
| workplace: | order identification: | activity: | |
| VAT | <input type="checkbox"/> yes <input type="checkbox"/> no | | |

.....
date and signature of the budget administrator

.....
date of order and the orderer's signature

.....
date and signature of the budget commander