 **FORMULÁRIO PARA PEDIDO DE FATURAÇÃO**

***Registration -- Conferences and Seminars***

**1. Conference/Seminar/Event Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Organisation/Researcher responsible for the meeting:** |  |

**2. Registration Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |

**3. Payment Details**

|  |
| --- |
| **Regular Fee  Lunch 3 July**  **Student Fee  Lunch 4 July**  **Assistance**  **Do you expect to attend the conference dinner? \_\_\_\_\_\_\_**  **(conference dinner should be paid in Lisbon upon arrival)** |

**4. Details for the invoice**

|  |  |  |
| --- | --- | --- |
| **Name of the Client:** |  | |
| **Address:** |  | |
| **Postal code:** |  | |
| **Tax income number/fiscal number:** |  | **A/C:** |
| **E-mail:** |  | **Phone:** |
| **Description that should be on the invoice** |  | |
| **Quantity** |  | |
| 1. **Amount** | € | |
| 1. **VAT** |  | |
| 1. **TOTAL (1+2)** | € | |

|  |  |
| --- | --- |
| **Proof of payment by wire transfer *(this is mandatory)*** |  |

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|  |

***To be filled in by ICS’ financial department***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | |  | |  |  |  | |
| **Pedido** *(assinalar com X)* | | | |  | |  | | **Envio de original** | | | |  | |
| Emissão de Fatura | | | |  | |  | | Directamente para cliente | | | |  | |
| Emissão Fatura e Recibo | | | |  | |  | | Para o ICS | | | |  | |
| Emissão Recibo - ref.fatura nº | | | |  | |  | |  | | | |  | |
| Emissão Nota de Credito - ref. Fatura nº | | | |  | |  | |  | | | |  | |
|  |  |  | |  | |  | |  |  |  | |
| Expediente |  |  | | Confirmação de Recebimento | | | | | |  | |
| Programa e Medida |  |  | | (em anexo) | |  | |  |  |  | |
| Fonte Financiamento: |  |  | | *Data* | |  | | *Meio pagamento* |  |  | |
| Rúbrica Economica: |  |  | |  | |  | | Cheque |  |  | |
| POCED |  |  | |  | |  | | Transf. B. |  |  | |
| CRESP |  |  | |  | |  | | Vale postal |  |  | |
| Analítica: |  |  | |  | |  | | Numerário |  |  | |

|  |  |  |
| --- | --- | --- |
| O serviço ICS requerente: |  | Validado e enviado para SPUL por: |
| Data: |  | Data: |
|  |  | **Pedido Nº\_\_\_\_/20\_\_** |