For the following operation (For pre-liability expenditure) preliminary financial control has been carried out

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Here please specify what you want to pay - conference fee, fly-tickets..etc and number of your travel order from INET | | | | | | | |
| in the range specified by Act No. 320/2001 Coll., on Financial Control and Section 13 of the Regulation No. 416/2004 Coll., which regulates the Financial Control Act. | | | | | | | |
| Amount | Grant / Bill | Date | | Grant administrator  Name and signature | | | Errors detected during the inspection |
|  | The grant number from which the cost will be covered |  | | The name and signature of the grant manager | | | No errors / see attachment \*) |
|  |  |  | |  | | | No errors / see attachment \*) |
|  |  |  | |  | | | No errors / see attachment \*) |
|  |  |  | |  | | | No errors / see attachment \*) |
|  |  |  | | Errors detected during the inspection | |  |  |
| Total amount of commitment | | Date | | Budget administrator  Name and signature | | | Errors detected during the inspection |
| 1 form = 1 item  You can write multiple items to the form only if all items are from the same vendor - organizer for conferences | |  | | RNDr. Lenka Bartošková | | | No errors / see attachment \*) |
|  |  |  | |  | |  |  |
| Order / contract  Issued on: | |  | | Order number / contract number: | |  | |
|  | |  | |  | |  |  |
| Note: | | | | | | | |
| **For credit card payment please specify:** | | | | | | | |
| Item description: | |  | | | | | |
|  |  | | (Book, SW license, access rights, e-service, etc.) | | | | |
| In the case of SW, indicate the purpose of the installation and the intended place of installation: | | | |  | | | |
|  |  |  | | (For 1 or more people, for students, ...) | | | |
|  |  |  | | | | | |
| Country of origin of goods  or services: | | | |  | | | |
| Supplier information (conference - information about the organizer): | |  | | | | | |
|  |  |  | | | (Name and address of the shipping company) | | |
|  |  |  | | | | | |
| **VAT NUMBER:** | | | |  | |  |  |
| **Please include: Invoice** | | | | | | | |