Name SURNAME (capital letters)
Nombre APELLIDOS (myuscula)

Street, number
Calle, numero

ZIP-Code, City
Codigo postal, ciudad

COUNTRY
PAIS

Zurich University of the Arts

Institute for Art Education

Pfingstweidstr. 96, P.O. box

8031 Zürich

*internal facturation number: 9720 6429 1000*

INVOICE FACTURA

|  |  |  |
| --- | --- | --- |
| **Task or service providedEncargo de tarea/servicio** | Local research phase I, Another Roadmap School Histories Cluster |  |
| **commissioned bypor encargo de** | Institute for Art Education, Project Another Roadmap School |  |
| **timeframeduración** | from 1st of April 2016 to 30th of August 2016 |  |
| **the work was carried out inel trabajo se llevo a cabo en** | Country |  |
| **Taskstareas** | research and literature review on local histories of arts education* research on a story – case study of arts education and first research report
* identification of relevant historical events and visualization in a timeline
 |  |
|  | Honorarium fee:  | **1000.00****CHF** |
|  | **Total** | **1000.00****CHF** |

**Account details
Cuenta bancaria**

account holder/
a nombre de fill in/completar

bank name/
banco fill in/completar

ZIP code, city, country/
codigo postal, ciudad, pais fill in/completar

SWIFT or BIC Code/
código SWIFT / BIC fill in/completar

account no./
número de cuenta fill in/completar

IBAN, international account no.
no. IBAN, no. de cuenta internacional fill in/completar

Abarouting-No. (if applicable)
no. de Abarouting (si aplica) fill in/completar