



WWU
MÜNSTER



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Mr/Ms _____

Street, house no. _____

Postal code, City _____

VAT ID no.: DE 126 118 759
Tax ID no.: 337 / 5914 / 1488

Receipt of payment - Invoice

Date _____

Date/Period of delivered service _____

Recipient's tax ID no. _____

Recipient's tax office _____

Recipient's date of birth: _____

Pos.	Amount	Designation of the service	Unit price	Total price
		Hours of childcare		- €
				- €
				- €

Net amount (without VAT)	- €
plus applicable VAT (0%)	

Total amount - €

Reversal of tax liability - The recipient of the delivered service is liable for any taxes resulting from this service.

The amount was paid out in cash.

With my signature, I confirm receipt of the cash payment.

Recipient's signature

Recipient: Childcare provider