Request no.2

Approved,
RECTOR APPROVAL,
Prof. univ. dr. ing. Dan CAȘCAVAL

- ☐ FEE-BASED
- ☐ FREE OF CHARGE

REQUEST FOR PHOTO/FILMING PROFESSIONAL SESSIONS

FIRST AND LAST NAME: .....

INSTITUTION: .....

CONTACT DETAILS:

Address: .....

Tel. number: .....

E-mail: .....

REQUEST PURPOSE (short description of the event)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DATE .....FROM HOUR .....TO HOUR.....
DURATION OF THE EVENT .....

Information required for payment:
BENEFICIARY: UNIVERSITATEA TEHNICĂ ”GHEORGHE ASACHI” DIN IAȘI
CUI: 4701606
IBAN: RO44TREZ40620F330500XXXX
AIM OF PAYMENT: .....

Library approval,
(for date and hour)