**T.C.**

**ESKİŞEHİR TEKNİK ÜNİVERSİTESİ**

**DÖNER SERMAYE İŞLETME MÜDÜRLÜĞÜ**

**MÜHENDİSLİK FAKÜLTESİ DÖNER SERMAYE BİRİMİ**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  **DEKANLIK MAKAMINA** |
|  **(İŞ TALEP FORMU)** |
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| Firma veya Kişi Bilgileri |  |  |  |  |  |  |
| Firma/Kişi Ünvanı: | ……………………………………………………………………………………………… |
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| Firma/Kişi Açık Adresi : | ……………………………………………………………………………………………… |
| Vergi Dairesi : | …………………….. | Vergi No. veya T.C. : | ………………………… |
| İletişim Bilgileri; Telefon / Elektronik Posta: | 0.………………… | …………@……………… |
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| Not 1: Yukarıdaki bilgiler ile bankaya yatırılan paraya ait olan bilgiler birbirinin aynısı olmak zorundadır (fatura buna göre kesilecektir) aksi halde çıkabilecek olumsuzluklardan dekanlığımız sorumlu değildir. |
|
| Not 2: Hizmet bedelinin, **3801068873** vergi numaralı Eskişehir Teknik Üniversitesi Mühendislik Fakültesi Döner Sermaye İşletmesi birimi adına Ziraat Bankası, Anadolu Üniversitesi /Eskişehir Şubesi **TR13 0001 0019 0097 8068 945 001** no’lu IBAN hesabına yatırılması gerekmektedir. |
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| Açıklama |  |  |  |  |  |  |
| Yukarıda açık adresini belirtmiş olduğum firmamız/kişi için “Eskişehir İli, Tepebaşı İlçesi, Aşağı Söğütönü Mahallesi, 026 parsel üzerine yapılması planlanan fabrikaya ait zemin etüd raporunun incelenerek” danışmanlık raporu hazırlanmasını arz ederim. |
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|  |  | Kargo | Elden |  |  |  |  |  |
| Sonuçların tarafıma |    |    | belirttiğim şekilde iletilmesini arz ederim. |  |
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|  |  |  |  | Adı Soyadı : | ............................... |
|  |  |  |  | Tarih : | …../……/2024 |
|  |  |  |  | İmzası (varsa Kaşe) : |  |
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|  |  |  |  |  Tarih : …../……/2024 |
|  |  |  |  |  |  |  |  |  |
| **Hizmeti Verecek Olan Personel** |  |  |  |  |  |
| Ünvanı, Adı Soyadı : | ……………………………………… |
| Bölümü : | ..................................................... |
| Protokol Numarası (Yapılmış ise) : | …………………… |
| Belirlenen Ücret Miktarı : | …………………. TL + KDV KDV Oranı: % 20 |
|  |  |  |  |   İmzası : |  |
|  |  |  |  |  |  |  |  |  |
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  Not: 2 Nüsha doldurulacak,  1 Adet Talepde Bulunan Firma veya Kişi’ye,1 Adet Dekanlığa verilecek. |