

Request: prescription safety goggles**Form****Field of activity** Laboratory Workshop**Requester**

First name, surname: _____

Institute / Group: _____

Internal address: _____

Phone number: _____

E-mail: _____

The requester is employed at ETH for at least one year:
(Necessary for the purchase of prescription safety goggles) yes no

Date: _____

Financial contribution of the requester's organisational unit in the costs (cost sharing)

Fonds (F) _____

Kostenstelle (Leitzahl) _____

Sachkonto _____

First name, surname of authorized person: _____

 I hereby confirm that the authorized person is informed about my request and that I have his/her approval to submit the form.**Submission:**Send the filled in form to cabs@ethz.ch (cf. upper right-hand side button)

to be filled in by requester

Approval of request by SSHERequest approved: yes no

Date: _____

[The signed form is valid for 30 days from the date of approval.](#)

Stamp and signature SSHE

to be filled in by SSHE

Billing

Costs: CHF _____

Cost covered by: _____

 Costs org. unit: CHF _____ Costs SSHE: CHF _____ Invoice paid. Date, signature SSHE: _____