

THE WROBLEWSKI LIBRARY OF THE LITHUANIAN ACADEMY OF SCIENCES  
DOCUMENTS CONSERVATION AND RESTORATION DEPARTMENT

**BOOKBINDING ORDER No.**

Date

**CLIENT**

Address

Contact phone No:

e-mail address for sending a pro forma invoice:

**Methods of payment:**     via pro forma invoice  
    at the Library Cashier's Office (in cash)

| No | Order description | Price of work | Price of materials | Number of bindings | Total price Eur |
|----|-------------------|---------------|--------------------|--------------------|-----------------|
|    |                   |               |                    |                    |                 |
|    |                   |               |                    |                    |                 |

Total:

Total price in words:

Order accepted by:

(position, name, surname, signature)