

PAYMENT REQUEST FORM FOR ORGANISATIONS

Verification number

ecipient of ayment	Name of organisation Address		Organis	ation ID/VAT number		
			Organis	ation ID/VAT number		
			Address Organisation ID/VAT number			
	Phone		Fax			
	Email Bank connection including the international bank account number (IBAN), SWIFT code and the address of the bank					
					Decision details	Date of decision Decision number
Research council that made the decision		Funding period	Funding EUR			
ments	Date of payment	Instalment to be paid	Specification			
ther details						
nature	Place and date		Name in block letters and Signature			

Please, send your signed payment request to finances@aka.fi

Also send a copy to Research Council of Finland Finance Administration Unit/Research Projects POB 5555 01051 INVOICES FINLAND