

NOS-HS PAYMENT REQUEST FORM FOR ORGANISATIONS

1 Recipient of payment (organisation)	Name of organisation				
	Address Organisation VAT number Organisation contact person's name and e-mail				
					Phone
	Bank connection including the international bank account number (IBAN), SWIFT code and the address of the bank				
	2 Funding decision details	Workshop grant Project leader's name			Academy of Finland decision number
Journal grant					
Date of the decision		Fundir	ng period	Funding granted in total	
3 Payments	Date of payment	Instalment to be paid	Your reference	e, if applicable	
Further details					
4 Signature*	Place and date		Name in block	Name in block letters and signature	
of a financial add	l ministrator or similar				

Please fill the document accordingly, sign and scan it and send it to finances@aka.fi