



### Non Staff Payment Request (Bank Transfer Only)

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact No. : \_\_\_\_\_

Total Amount: € \_\_\_\_\_

#### Research Grants/Other Funds

Cost Centre


Accounts/Analysis


€
€

Cost Centre


Accounts/Analysis


Research/D Account


€
€

Purpose of Expenditure: \_\_\_\_\_

\_\_\_\_\_

Receipt/Documentation Attached

#### Bank Information for EFT:

IBAN No: \_\_\_\_\_

BIC No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

*For payments of non euro accounts, please attach bank details*

Approved by Head of School/Account Manager

Signature: \_\_\_\_\_

BLOCK CAPITALS - Authoriser: \_\_\_\_\_

(Please ensure authoriser signature is filled in)