**Request for payment**

pursuant to the Grant Agreement for official project implementation of the SlovakAid Program of the Slovak Republic

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| **Contracting/Procuring authority’s address:** | Slovenská agentúra pre medzinárodnú rozvojovú spoluprácu (SAIDC; Slovak Agency for International Development Cooperation)  Pražská 7, 811 04 Bratislava |
| **Date of request for payment:** | *DD/MM/YYYY* |
| **Contract reference number:** | *SAIDC/20xx/xx/xx* |
| **Project name:** |  |
| **Name of Beneficiary:** |  |
| **Registered office of Beneficiary:** |  |
| **Company ID (IČO):** |  |
| **Request for payment no.** | *Part X of the grant/final part of the grant* |
| **For the period:** | *DD/MM/YYYY - DD/MM/YYYY* |
| **Requested amount:** | *EUR xx- (in words EUR xx)* |
| **Requested as modified after cost accounting and reporting:** | *EUR xx- (in words EUR xx)* |
| **I request payment to the bank account:** | **IBAN:**  **SWIFT/BIC:** |

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| **Signature of the organization’s statutory representative (and stamp, if applicable)** |
| **Name:** |
| **Signature:** |
| **Date:** |