Annex 3 – Payment Request template

**

*The instructions for this template are provided in blue. They have to be deleted before submission of the Payment Request to the Programme Operator.*

**Payment Request**

|  |  |
| --- | --- |
| Programme Name: | Supporting Social Inclusion (SSIP) |
| Programme Operator: | Ministry of Culture |
| Swiss Support Measure Partner: | Bern University of Applied Sciences |
| Payment Request No: | *Please choose:** *first advance payment*
* *second advance payment*
* *third advance payment*
* *fourth advance payment*
* *final payment*
 |
| Requested amount: | *Sum should be in accordance with the Partnership Agreement* | EUR |

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| **Beneficiary’s data** |  |
| Beneficiary’s name: | Berner Fachhochschule |
| Beneficiary's address: | Falkenplatz 243012 BernSwitzerland |
| IBAN: | CH78 0079 0020 9238 2537 9 |
| BIC: | KBBECH22 |
| Name and address of the bank: | Berner Kantonalbank AG3001 BernSwitzerland |

Payment Request is submitted in accordance with Partnership Agreement signed between Programme Operator and Swiss Support Measure Partner.

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Date: |  |
| Signature: |  |