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| ***Ad Hoc Payment Request (Not for UCD Student Use)*** |
| **Date:** |  |  |  |  |
| **Payee:**  |  |  |  |  |
| **Address:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Email:** |  |  |  |  |
| **Contact No. :** |  |  |  |  |
| **Total Amount:** |  |  |  |  |
| **Purpose of Expenditure:** |  |  |  |  |
|  |  |  |  |  |
| **Receipt/Documentation Attached**  |
|  |  |
| Name on Bank Account: |  |  |  |  |
| IBAN No: |  |  |  |  |
| BIC No: |  |  |  |  |
| Bank Name: |  |  |  |  |
| *For payments of non euro accounts, please attach bank details* |
| **Approved by Head of School/Account Manager****Authoriser:****Signature:** |
| **To be completed by the approver:****Research Grants/Other Funds** |
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Cost Centre Accounts/Analysis

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Cost Centre Accounts/Analysis Research/D Account

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| (Digital Signature Required. Submit completed form to nonstaffpayments@ucd.ie) |
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