



Non Staff Payment Request (Bank Transfer Only)

Date: _____

Payee: _____

Address: _____

Vat Num: _____ PPS Num: _____

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. Submit completed form to nonstaffpayments@ucd.ie)