



Student Payment Request (Bank Transfer Only)

Date: _____

Payee: _____

Address: _____

UCD Student 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: _____

Please attach a schedule of all costs claimed with supporting documentation

Bank Information for EFT:

IBAN No: _____

BIC No: _____

Bank Name: _____

Approved by Head of School/Principal Investigator

Signature: _____

BLOCK CAPITALS - Authoriser: _____

(Please ensure authoriser signature is filled in)