University College Dublin
An Coláiste Ollscoile, Baile Átha Cliath

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

Cost Centre	Accounts/Analysis	
		€
		€

Cost Centre	Accounts/Analysis	Research/D Account	
			€
			€

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