## ORGANISATION'S LETTERHEAD

To: University of Malta Msida, MSD 2080

## REQUEST FOR PAYMENT

Project Title: Project Number: Agreement Number:	526813-LLP-1-2012-MT-COMENI	•	imary Schools in Europe
Please transfer to our labove project.	bank the pre-financing of the grant all	ocated to our insti	itution and related to the
	per Art. 1.4 of the Grant Agreement: ontribution to your institution)	€	(40% of the
Make Payment to :			
Bank Account Numbe	r:	-	
Sort Code:		_	
Signature	Date		

Name of legal representative Title of legal representative

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