



PAYMENT ORDER

Payee	
Name	
Phone	E-mail
Bank account (IBAN)	

Reason for payment	
As decided by (e.g. the Executive Board, campus committee, club)	Attachments qty
Original vouchers of the purchases that are to be reimbursed must be attached to the payment request.	Payment amount €

Issued by	
Name	
E-mail	Phone
Date and signature / 20	

Secretary general's signature
Date and signature / 20