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| ***Non Staff Payment Request (Bank Transfer Only)*** |
| **Date:** |  |  |  |  |
| **Payee:** |  |  |  |  |
| **Address:** |  |  |  |  |
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|  |  |  |  |  |
| **Email:** |  |  |  |  |
| **Contact No. :** |  |  |  |  |
| **Total Amount:** | € |  |  |  |
| **Research Grants/Other Funds** |
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Cost Centre Accounts/Analysis

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Cost Centre Accounts/Analysis Research/D Account€

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| **Purpose of Expenditure:** |
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| **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) |