



REQUEST FOR INTERNATIONAL PAYMENT FROM A CHARITY FUND

Payment details:

Date of request:

Amount: Currency:

Beneficiary Name: (PRINT NAME):

IBAN or Account Number:

Routing number (only payment to USA):

SWIFT BIC Number:

Bank Name: (PRINT NAME):

Bank Address:

Beneficiary email address:



Applicant name: Tel:

Email address:

From: FUND NO:

Signature: (Fundholder) Signed by: (PRINT NAME)

Signature: (Additional fund holder for 5K or over.) Signed by: (PRINT NAME)

(Please allow 10 working days for payments to be received)

Supporting documents:

- Original invoice or itemised receipt
- Certificate of attendance or badge (if relevant)
- Agenda, poster or email confirmation of meeting

Return completed form and support documents to

Basia Coltman (CO 24) or
email:basia.coltman@nhs.net