Request for release of funds

|  |  |
| --- | --- |
| **Project number** |  |
| **Name of the recipient (main applicant)** |  |

# Grant Administration Office (institution of the main applicant)

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode / Location** |  |
| **Contact person** |  |

# Account details for the transfer of funds

|  |  |
| --- | --- |
| **Bank name** |  |
| **Bank address** |  |
| **Clearing number** |  |
| **Account IBAN** |  |
| **Account holder name** |  |
| **Account holder address** |  |
| **Internal account / Comment** |  |

|  |  |
| --- | --- |
| **Requested amount** | CHF xxx.— |
| **Payment** | 1st payment  2nd payment  3rd payment  final payment  other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*The amounts should correspond to the approved budget. Please note that 10% of the total budget will be kept by SPHN and released upon approval of the final report and the description of the project outcomes on the SPHN website.*

By signing this document, the signatory acknowledges to have read, to understand, and to agree with the Funding Regulations, the Ethical Framework for Responsible Data Processing, the Lifetime Management Guidelines, and to the conditions specified in the Ruling (decision letter).

Date: Signature: