Swiss Natural History Collections Network (SwissCollNet)

Request for release of funds for **main-grantee**

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

Grant Administration Office (**institution of the main-grantee**)

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode / Location** |  |
| **Contact person** |  |
| **Email of 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 |
| **Instalment and project number (appears as booking text)** | [ ]  1st instalment, [ ]  2nd instalment, [ ]  final instalment[ ]  other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCN |
| **KTR 603.300** | No entry |
| **KART 46400** | No entry |

*The amounts should correspond to the approved budget.*

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

Date: Signature:

Swiss Natural History Collections Network (SwissCollNet)

Request for release of funds for **co-grantee**

Please only fill in this template, if funds have to be directly transferred from SCNAT to the institution of a co-grantee.

(if more than one co-grantee have to request release of funds from SwissCollNet, copy this page according to the number of co-grantees).

|  |  |
| --- | --- |
| **Project number** |  |
| **Name of the recipient (co-grantee)** |  |

Grant Administration Office (**institution of the co-grantee**)

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode / Location** |  |
| **Contact person** |  |
| **Email of 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  |
| **Instalment and project number (appears as booking text)** | [ ]  1st instalment, [ ]  2nd instalment, [ ]  final instalment[ ]  other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCN |
| **KTR 603.300** | No entry |
| **KART 46400** | No entry |

*The amounts should correspond to the approved budget.*

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

Date: Signature: