

Annex V Payment Request

To Cedefop
Service post
Europe street 123,
GR-570 01 Themi
Greece

Tel.: +30 2310490111

Expert Full Name:	
Full Address:	
IBAN (mentioned in the contract / Order Form):	

PAYMENT REQUEST FOR SERVICES RENDERED (in EURO)		
Description of Services: [to be filled in by the expert]		
Total days of work:	Rate applicable	Total amount
<input type="text"/>	<input type="text" value="450.00 €"/>	<input type="text" value="00.00 €"/>

SUPPORTING DOCUMENT CHECKLIST:

- Deliverable(s)
- Other evidence, please specify:

Date, name & signature of the applicant
