



Request number
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## FAL payment request form

This application form is intended as the first page of a request for payment of a financing guarantee that has already been granted of the Fund for Alternative Location. This form must be completed, signed and handed in to Apollo in addition to a letter explaining the request for payment. In this letter should be an explanation of any irregularities that might have occurred. A request for payment should be done two months after the rehearsal at the latest. For more details, please refer to the FAL regulations. This form should be directed to Apollo, Bastille room 316, University of Twente.

Name association: \_\_\_\_\_

Name contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date rehearsal: \_\_\_\_\_ Date allocation: \_\_\_\_\_

Granted amount: \_\_\_\_\_ Needed amount: \_\_\_\_\_

Bank account number: \_\_\_\_\_  
in the name of \_\_\_\_\_

Completed truthfully,

Date: \_\_\_\_\_

Leave this section empty

Date received: \_\_\_\_\_

Signature treasurer Apollo

Signature contact person