



Collaboration payment form

This application form is intended as the first page of a request for payment of financial aid for cultural collaborations of Apollo. This can only be done if the financial aid has already been granted. This form must be completed, signed and handed in to Apollo in addition to an explained financial result. An application should be done two months after the collaboration event at the latest. For more details, please refer to the regulations for collaborations.

This form should be directed to Apollo, Bastille room 316, University of Twente.

Name association: _____

Name contact person: _____

Phone number: _____

E-mail address: _____

Date collaboration event: _____ Date allocation: _____

Granted amount: _____ Needed amount: _____

Bank account number: _____

in the name of: _____

Completed truthfully,

Date: _____

Signature contact person

Leave this section empty

Date received: _____

Signature treasurer Apollo