



Request number

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, Vrijhof room 134, 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: _____

Signature contact person

Leave this section empty

Date received: _____

Signature treasurer Apollo