

Payout Form

With this form you can request the payment of your Di-Plast voucher. You can do this up to four weeks after the end date stated in the confirmation letter.

Contact information	Please fill in
Company Name	
Address	
Chambre of Commerce Number	
Name contact person	
Telephone contact person	

PAYOUT REQUEST

Payout information	Please fill in
IBAN	
In the name of	
Activities have been carried out in accordance with quotation	YES/NO
If not, why not, what is different and why?	

What is the result?

Enclose (a summary of) the report of the external advisor. If you do not have this, we ask you for a brief description of the activities and results carried out.

Results	Please fill in
Summary Report enclosed	YES/NO
Brief description of activities and results	
What steps are you going to take now?	

Cashout request

I request SKZ - KFE gGmbH to transfer the following amount to the above bank account number. Please note that the value must be a number.

Request	Please fill in
Amount to be transferred	_____ €
Copy of the original invoice enclosed	YES/NO
Proof of payment enclosed	YES/NO

European Regional Development Fund

Attention: The request can only be processed if a **copy of the original invoice** (from the company you commissioned together with Di-Plast partner signature) and **proof of payment** (screen shot of the bank statement) are also enclosed.

SKZ - KFE gGmbH aims to pay out within one month of receipt of this form. The amount to be paid is with a maximum of the amount stated in the confirmation letter (excluding VAT).

Signature / Stamp:.....

[Name]

Information for administrative office (filled in by SKZ)

- Project number:
- Amount:
- Project owner:
- Date:
- Reference to application: