Partner-name (here or as per letter header)

Address (here or as per letter footer)

Act Church of Sweden

Attn: Contact person at Act CoS as stated in the Funding Agreement
SE-751 70 UPPSALA
Sweden

# Request form for granted funds from Act Church of Sweden

**1st/2nd requisition for the year** **[year]**

**or Request to carry forward balance for the year** **[year]**

|  |  |
| --- | --- |
| **Act CoS reference no:** |  |
| **Name of Action:**  |  |
| **Requested amount and currency:** |  |
| **Balance at year-end** **yyyy-mm-dd (currency and amount):** | **Total:** | **Act CoS’ part:** |

 Account details as stated in the Funding Agreement

***Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Authorised Signature(s):*** *(as stated in the Funding Agreement)* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *Signature and Name in block letters*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature and Name in block letters*