

ANNEX 2. PARTNER PAYMENT REQUEST FORM

To:	Accounts Payable, DFID, Abercrombie House, East Kilbride, Scotland <i>(NB. Where payment request is not electronic and originates from overseas, request should be sent via the local DFID Country Office)</i>
Cc:	Ben Challis, Good Governance Fund Unit, EECAD Quad 1st Floor, Foreign & Commonwealth Office, King Charles Street, London

Title and Details and Summary of Funding

Organisation	United Nations Development Programme (UNDP)		
Title of Grant / Project name	Socio-economic recovery through development of SMEs		
Project Location	Ukraine		
DFID Component Code / Purchase Order No.	300040-101 / PO: 40099338		
Date of Claim	20 May 2016		
Period of detailed Statement of Expenditure	n/a	to	n/a
Period of detailed Forecast of Expenditure	[01/06/2016]	to	[30/09/2016]
1. Unspent balance of DFID funds for the quarter ending [dd/mm/yyyy]	n/a		
2. Partner Expenditure ¹ for the quarter ending [dd/mm/yyyy]	n/a		
<i>Or</i>			
3. Forecast of Expenditure for next quarter ending 30/09/2016	UKE 300,000.00		
4. Payment requested for next quarter (3 - 1)	UKE 511,498.54		
<i>Or</i>			
5. Payment requested for previous quarter (2-1)	n/a		
Partner Forecast Expenditure to 31 December	UKE 716,269.55		
Partner Forecast Expenditure to 31 March	n/a		

¹ When working in a multi-donor project the expenditure and forecast reported should be DFID's pro-rated share.

Partner Bank Details

Bank Name:	Bank of America
Bank Postal Address:	5 Canada Square, London E14 5AQ, United Kingdom
Name of Account:	UNDP Contributions (GBP) Account
Bank Account Number:	600862722030
Sort Code:	
Currency of Bank Account:	GBP
IBAN number: [required for bank accounts within Europe]	GB37BOFA16505062722030
SWIFT number:	BOFAGB22
ABA or BIC Number: [BIC required for bank accounts within Europe]	
Intermediary bank details:	
Bank Email Address:	

Audit Discharge

Specify details of audit discharge through annual audited accounts or audited statements.

Certification

I certify that this claim is correct and that the sum requested is properly due on the basis of the information provided, project objectives and on the work carried out or future work plans. I have the authority to sign this on behalf of the **Partner** }

Authorised Signatory


for: J. Hiemstra
a.i.

Date

20/05/2016.

Name: Mr. Janthomas Hiemstra

Position: UNDP Country Director in Ukraine