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**PLEASE USE HEADED PAPER OF AGREEMENT PARTNER**

**Request for disbursement [TEMPLATE – PLEASE FILL IN AS APPROPRIATE; DELETING AND ADDING INFORMATION AS NECESSARY] Date ………………..**

Reference is made to the Agreement between (Agreement Partner)….. and Norad , ref. QZA-???, ???-13/00?? (NORAD agreement number) regarding the project “…………”, signed on dd.mm.yy.

Based on the needs of the project we kindly request the disbursement of XXXX (*fill in amount and currency used in agreed budget*) to (Agreement Partner), Account no. ……….in bank……. IBAN no:………

Our request is based on the below calculation and needs for the next 6 months and is supported by the updated financial statement of the Project and latest approved budget and implementation plan.

We confirm that the project is being implemented in accordance with the Agreement and in line with the latest approved implementation plan and budget.

The financial year (FY) for the project is dd.mm.yy to dd.mm.yy. The project’s FY for partner institutions for this project is dd.mm.yy to dd.mm.yy.

|  |  |  |  |
| --- | --- | --- | --- |
| *Currency =*  | **Total project cost** | **Funding from other sources** | **Funding from Norad** |
| Approved budget current project FY(from dd.mm.yy to dd.mm.yy) |  |  |  |
| Available balance beginning of current FY  |  |  |  |
| Received amount during current FY |  |  |  |
| Expenditure during current FY up to date |  |  |  |
| Estimated balance at date (dd.mm.yy) (including any interest) |  |  |  |
| Budget next 6 months(describe period)  |  |  |  |
| Requested amount for disbursement from Norad\* |  |  |  |

\*Requested amount for disbursement from Norad = Budget next 6 months – estimated balance – funding from other sources

On behalf of (Agreement Partner)

Name & Title, Signature & Stamp

**ANNEXES:** Updated financial statement for the Project. Explanations and consequences of any deviations from latest approved plans and budgets. Any other required documentation as per the Agreement