

FUNDS TRANSFER REQUEST FORM



Project Number

Date:

Brief Description of what the funds / payment is to be used for:

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Payment Details

Amount to be transferred (Please indicate if not AUD)	Currency
Currency in destination country:	
Account Number:	
Account Name:	
Name of Bank:	
Bank Address:	
Bank Swift Code or IBAN Number:	
Beneficiary Name:	
Beneficiary Address:	

Payment Artefacts

Invoice or Quotation Attached:	Yes	No
Relationship of Payee to the Project:		
If the "Payee" is an individual, is Payee a member of the Project team:	N/A	No
Is an MOU or other documentation on file between the Payee entity and the Project:	Yes	No
Is the Project Audit Reporting up to date:	Yes	No

Declaration

I Declare	<ol style="list-style-type: none"> 1. That I have no conflict of interest with the payment and the requested project payment will be spent in a manner that is consistent with the purpose and objectives of the above project and as determined by RAWCS project registration criteria. 2. The requested project payment is NOT for any purposes prohibited by RAWCS policy. 3. The six monthly RAWCS project report will be completed and lodged on time. 4. All reasonable steps have been taken to minimize any risk of corruption, fraud, bribery, money laundering, terrorist financing, modern slavery or other financial impropriety by all persons involved in the project delivery overseas including employees, volunteers and third parties. 5. In accordance with RAWCS policies, all reasonable steps have been taken that minimizes the risk of the exploitation or abuse to vulnerable individuals, including children, who may be unable to care or protect themselves.
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Signature of Project Manager _____

Project Manager's Full Name (Print) _____

Date: