8.02.2019

I kindly ask your support and assistance for paying the project scholars / part-time project assistants who take part in the BAP....……(Number and Title)………project I am conducting and who are still active students at our university.

Sincerely,

Project Coordinator (Name, Surname, Title, Signature)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name Surname | Bank Name and IBAN Number | Status in the Project | The Month Payment Requested\* | Monthly Payment Amount (₺) |
|  |  | Choose |  |  |
|  |  | Choose |  |  |

\*Please specify the name of the month you wish to pay.