

Updated 2017-01-30

Please scan and e-mail the filled in request to
reactivate@arbetsformedlingen.se

For further information please visit www.jobreactivate.se

Applicant: Payment request – language course

(Please type or use capital letters)

I, the undersigned,

Surname:.....

First name:.....

Street name and number:.....

Postcode and city:..... Country:.....

Telephone:..... E-mail address:.....

Declare that I have completed the language course in(indicate the language)

as detailed in the application submitted on the date (dd/mm/yyyy).....

I enclose copies of:

- the receipt/invoice from the language school
- the Language Course Certificate

And claim payment in accordance with the applicable funding rules of Reactivate.

Date:..... Signature:.....

Bank account (The allocation is done via bank transfer)

Name of the bank:.....

IBAN/SWIFT/BIC:.....



To be filled in by the Reactivate project in Sweden

The application is granted not granted by Reactivate Sweden.

Motivation if not granted:

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.....
.....

Verified by:.....

Date:.....

Confirmed by:.....

Date:.....

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| 31 | 32 | 33 | 34 | 35 | 36 |
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Amount (EUR):.....