## WC2 –Working Capital Request

**Appendix II**

I, _____, with the Tax ID Number _____
I hereby request your authorization to establish the working capital request in the amount of _____€[2].

Cost Center/Project No. _____ Description: _____

The person responsible for managing the WC is: _____

☐ Check

☐ Bank Transfer

IBAN _____

Date: _____/____/____

Signature:

Statement by the Vice Chair of the Board of Directors:

_____

_____

*[2] This amount corresponds to the first order; please note that the working capital will be replenished monthly upon submission of the expenses incurred.



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