

# INTER-COUNTRY TRAVEL FUNDS

## GRANTEE

Mr./Ms./Dr./Other	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>		
E-mail	<input type="text"/>		
Host country for Fulbright grant	<input type="text"/>		
Grant category	<input type="text"/>		

## IC GRANT HOST

Country	<input type="text"/>
IC host institution	<input type="text"/>
IC visit dates	<input type="text"/>

## ECA APPROVAL

Name	<input type="text"/>
E-mail	<input type="text"/>
Date of approval	<input type="text"/>

## PAYMENT DETAILS

Payment recipient <b>exactly</b> as listed in bank records	<input type="text"/>		
Bank name	<input type="text"/>		
Date by which ECA requests payment to be made	<input type="text"/>		
Payment amount and currency	<input type="text"/>		
<b>FOR EUROPEAN BANK ACCOUNTS:</b>			
IBAN	<input type="text"/>	BIC	<input type="text"/>
<b>FOR U.S. BANK ACCOUNTS:</b>			
Account number	<input type="text"/>	ABA/ BIC	<input type="text"/>
Full address of bank	<input type="text"/>		
Additional info	<input type="text"/>		