COLLECTION INVOICE

Date _____

Through this invoice, we request that the Second Level Bank accept from the customers (persons/natural persons/legal entities) collections for the account of our institution, with the designations, codes, identification number and amount included, as given below:

Name of the beneficiary institution **"FAN S. NOLI" UNIVERSITY, KORCE**

Code of the beneficiary Institution **1011046**

Code of the Treasury Branch where it operates **15-15**

Name of Payer (person/natural person/legal entity) _____

Payer Identification Number _____

ID of the liability	Description of income		Amount to be collected (Leke/Euro)	
	Designation	Economic Account Code		
		7113099		
	Fee for participation in the 4th INTERNATIONAL CONFERENCE "Early Childhood Education and Care:Challenges and Perspectives"			
x	**TOTAL**	X		

The representative of the INSTITUTION
(Name surname)
Mr. Petrika Petro

CLIENT
(Person/Natural Person/Legal Person)

_____
(Name/Surname, Signature)

Address:
Contact: