|  |  |
| --- | --- |
| *Naziv udruge / korisnika sredstava* |  |
| *OIB* |  |
| *Adresa* |  |
| *IBAN i naziv poslovne banke* |  |
| *Kontakt podaci (tel, e-mail)* |  |

*GRAD BAKAR*

*URED GRADA*

*PRIMORJE 39*

*51222 BAKAR*

***ZAHTJEV ZA ISPLATU SREDSTAVA***

*Molimo da nam, sukladno Ugovoru o financiranju programa*

*KLASA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*URBROJ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ZA PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*doznačite sredstva u iznosu od \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kn.*

*U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016.*

*MP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Potpis osobe*

*ovlaštene za zastupanje*