

Vision International Alliance Alliance Organization Project LOAN Request

Head Office: 3440 Wilshire Blvd. Suite 845
Los Angeles, California 90010-2128

Notes: Project Funding must accompany approval of VIA Board Approval No.

Request Date	Chk # Office use Only	Amount Approved:	Approval No: Office use only
Request by: Name: _____ Position: _____ Signature: _____		Funding Type: Mark One W Designated Regular Funding W MMCC Implementation D Micro Loan D Scholarship E MCD Development W Others: Describe -	
Organization/Operation Description Status: () Alliance Organization; () Affiliated Organization; () Individual; () Staff ID Number: _____			

Funding Method

<i>Electronic Fund Transfer</i> Account Name: _____ Account Number: _____ Bank Address: _____ Bank Telephone Number: _____	<i>By Check</i> Payable to: Mailing Address:
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Doc Ref No.	Description	Conversion Rate	Foreign Currency	Expense US\$
	Previous Reports Balance			
	Total Expense attached with this Report			
	Current Balance			
	Amount request			
	Total Balance to Forward next reports			
Total Amount Requested				
Date	Position	Name	Signature	
	Requested by:			
	Finance Approval			
	VIA Board Approval			
	In house audit			

SHORT-TERM LOAN AGREEMENT BETWEEN THE

Vision International Alliance (VIA)

AND THE APPROVED ORGANIZATION BY THE VIA BOARD

The **VIA** hereinafter called the Lender, agrees to loan to

(_____), hereinafter called the Borrower,

To lend sum of (_____) US Dollars,

beginning on _____ and ending on _____,

This short-term loan is with no interest charges or prepayment penalty and is solely for the project described attached with this application.

The Borrower personally guarantee payment of all charges made connection with this account and agrees to assume full responsibility for insuring the payment on time.

Borrower

Name: _____ Signature: _____

SS No: _____ Driver Lic No _____

Prof License No: _____

Address: _____

Tel: _____, E-mail: _____ SNS: _____

Witness:

Name: _____ Signature: _____

SS No: _____ Driver Lic No _____

Prof License No: _____

Address: _____

Tel: _____, E-mail: _____ SNS: _____