

## STANDARD PAYMENT REQUEST AND FINANCIAL STATEMENT

Grant agreement number

Legal name of the beneficiary

Address

Reference period  
period

Eligibility

From:

To:

Banking details:

Name and address of the bank

Bank account n°

I.B.A.N

Bank account holder

Payment reference (if necessary)

EU contribution requested

EUR

Pre-financing received

EUR

Balance payment requested

EUR

I certify on my honour that the information provided in the request for payment of the balance is full, reliable and true.

I certify that the costs incurred can be considered eligible in accordance with the Agreement and that the request for payment is substantiated by adequate supporting documents that can be produced in the context of the checks or audits.

I certify that all the revenues generated by the action have been declared for the beneficiary and its affiliated entities.

Name of legal/  
statutory representative:

Title:

Function:

Date:

Signature:

COST STATEMENT OF THE ACTION

Costs of the action and EU contribution (Table 1)

	REIMBURSEMENT OF		TOTAL
	Eligible actual costs	Reimbursement rate	Total EU contribution
	(EUR)		(EUR)
	(a)		(c)
Direct eligible costs			
1. Personnel			0,00
1.1. < Insert cost subcategory 1.1. (e.g. technical personnel)>			0,00
1.2. <Insert cost subcategory 1.2 (e.g. administrative personnel)>			0,00
1.3. < Insert cost subcategory 1.3>			0,00
Sub-total for cost category 1	0,00		0,00
2. Travel and subsistence			0,00
2.1. < Insert cost subcategory 2.1 >			0,00
....			0,00
Sub-total for cost category 2	0,00		0,00
3. Sub-contracting			0,00
3.1. < Insert cost subcategory 3.1 >			0,00
....			0,00
Sub-total for cost category 3	0,00		0,00
4. Depreciation			0,00
4.1. < Insert cost subcategory 4.1 >			0,00
....			0,00
Sub-total for cost category 4	0,00		0,00
5. Consumables			0,00
5.1. < Insert cost subcategory 5.1 >			0,00
.....			0,00
Sub-total for cost category 5	0,00		0,00
6. Other costs			0,00
6.1. < Insert cost subcategory 6.1 >			0,00
.....			0,00
Sub-total for cost category 6	0,00		0,00
Total direct eligible costs	0,00		0,00
5. Total EU contribution			0,00

Expenditure of the action  
(Table 2)

Expenditure	Amount
1. Total eligible costs	
2. Other costs of the action	
3. Value of contributions in kind (= 5 of Table 3)	
4. Total expenditure	

Revenue of the action (Table 3)

Revenue	Amount
Receipts	
Requested EU grant	0
1. Income generated by the action	
2. Financial contribution of the beneficiary (own resources)	
Other revenue	
3. Other financial contributions	
Contributions in kind	
4. Contributions in kind	
5. Total revenue	

Total Personnel: €0,00

General information on staff assigned to the project				Calculation of the personnel costs						
A	B	C	D	E	F	G	H	I	J	K
Seq n°	Year	Name of person	Function / Type of employment contract	Annual gross salary	Time unit	Annual number of working time units	Time unit rates (ColumnE/G)	Number of time units assigned to the project (column Z)	Total personnel costs in national currency (H*I)	Exchange rate
1								0,00		1
2								0,00		1
3								0,00		1
4								0,00		1
5								0,00		1
6								0,00		1
7								0,00		1
8								0,00		1
9								0,00		1
10								0,00		1
11								0,00		1
12								0,00		1
13								0,00		1
14								0,00		1
15								0,00		1
16								0,00		1
17								0,00		1
18								0,00		1
19								0,00		1
20								0,00		1
21								0,00		1
22								0,00		1
23								0,00		1
24								0,00		1
25								0,00		1
26								0,00		1
27								0,00		1
28								0,00		1
29								0,00		1
30								0,00		1
										Total

Explanation of the content of each Column	
Column	Explanation
A	Sequential number of the entries. In case additional lines are inserted, please re-number the lines
B	The calender year for which the time units in column M-Y is provided
C	Name of the person to which the personnel costs refer to
D	Function in the project of the person listed in column C/ indicate type of employment contract, e.g. permanent, temporary
E	Annual gross salary, please refer to point 13 of the cover note
F	Time units used in calculation of the personnel costs, i.e. hours or days (or part thereof) - <b>Please use the same unit as in columns N to Z</b>
G	The total annual number of working time units, please refer to point 13 of the guidelines
H	Is obtained by dividing column E by G, except in cases where it is temporary contracted staff where a fixed rate (hourly, daily, weekly, monthly) is negotiated, then the calculation takes starting point in that rate
I	Number of time units assigned to the project (column Z)
J	Total personnel costs assigned to the project in national currency
K	Exchange rate used to convert the national currency into €
L	Total personnel costs assigned to the project in € (column J/ column K)

[illegible][illegible]

Time units worked on the project													
(A)	M	N	O	P	Q	R	S	T	U	V	X	Y	Z
Seq n°	January	February	March	April	May	June	July	August	September	October	November	December	Total per calendar year
1													0,00
2													0,00
3													0,00
4													0,00
5													0,00
6													0,00
7													0,00
8													0,00
9													0,00
10													0,00
11													0,00
12													0,00
13													0,00
14													0,00
15													0,00
16													0,00
17													0,00
18													0,00
19													0,00
20													0,00
21													0,00
22													0,00
23													0,00
24													0,00
25													0,00
26													0,00
27													0,00
28													0,00
29													0,00
30													0,00

Explanation of the content of each Column	
Column	Explanation
M-Y	Specification of the number of time units assigned to the project per month based on the detailed individual timesheet kept per person.
Z	Sum of columns M to Y

Total costs: €0,00

A	B	C	D	E	F	G	H	I	J
Seq n°	Type of costs	Date of invoice	Number of invoice	Date of payment	Supplier or Provider	Description of cost item	Invoiced amount in national currency	Exchange rate	Invoiced amount in € (H/I)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
Total									€0,00

Explanation of the content of each Column		
Column		Explanation
A		Sequential number of the entries. In case additional rows are inserted, please re-number the rows
B		Travel and Subsistence, Purchase cost of equipment, Subcontracting/External assistance, Other direct costs (as in the budget of the action)
C		Date of invoice
D		Number of invoice
E		Date of payment
F		Supplier or Provider
G		Description of the cost item; details on calculation
H		Invoiced amount in national currency
I		Exchange rate used to convert the national currency into €
J		Invoiced amount in € (column H/column I)

Total of "In-kind" contributions/ costs not included in the budget:

€0,00

A	B	C
Seq n°	Description of cost item	Estimated amount in €
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
Total		€0,00

Explanation of the content of each Column	
Column	
A	Sequential number of the entries. In case additional rows are inserted, please re-number the rows
B	Description of the cost item
D	Amount in €

Model monthly time-sheet

Project Reference	
Name of Beneficiary/ Partner	
Name of staff member	
Is staff member employed Full-time or Part-time	
Calendar Year	
Calendar Month	

Calendar Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In case of absence, indicate one of the reason codes below																															
Hours worked on this project																															
Hours worked on other projects*																															
Hours worked on other projects*																															
Hours worked on other projects*																															
Hours worked on other projects*																															
Hours worked on other projects*																															
Other activities																															
Total hours (including overtime)	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

\*indicate project reference

Absences	
Weekend	WE
Sick leave	SL
Public holidays	PH
Annual holidays	AH
Other absence	OA

Summary for this month	
Hours worked on this project	0,0
Hours worked on other projects*	0,0
Hours worked on other projects*	0,0
Hours worked on other projects*	0,0
Hours worked on other projects*	0,0
Hours worked on other projects*	0,0
Hours worked on other projects*	0,0
Other activities	0,0
Total hours (including overtime)	0,0

Date and signature of staff member

Date and signature of Project Manager/ Coordinator/Responsible