

Guidance for request of further prefinancing payment

Dear Co-ordinator,

In order to support you in the preparation of your next request(s) of further pre-financing payment you will find in this document some guidance which will ease and speed up the processing of your request of payment.

In accordance with the contractual provisions of the grant agreement you have signed with the Executive Agency we would like to remind you that any requests of further pre-financing payment must include at least the following documents:

Document 1: A formal payment request duly signed and dated

This document shall show the following information:

- Project acronym
- Grant agreement number
- Reporting period dates (starting date and ending date)
- Amount of expenditures incurred during the reporting period (in euros)
- Requested amount of the further pre-financing payment (in euros)
- Name and function of the signatory

In the next pages, you will find a model of formal payment request which can be used for any requests of further pre-financing payment.

We kindly remind you that no supporting document such as invoices, time-sheets and salary slips are required at this stage. But be informed that EAHC may contact you in the future to request any supporting documents which are needed to process this payment.

Document 2: The technical and financial reports and other documents

These documents shall be drawn up in accordance with the relevant provisions in Article I.5, Article II.15.2 and in annexes of the grant agreement.

In the next pages, you will find a model of consolidated costs statement which can be used for any requests of further pre-financing payment and to be included in the financial report.

Template: Request of further pre-financing payment (To be issued by main beneficiary)

(Printed on main beneficiary's letter headed paper)

European Commission
Executive Agency for Health and Consumers (EAHC)
To the attention of Scientific Unit
DRB A3/050
L-2920 LUXEMBOURG

Date: _____, *[place]*

Object: **Request of further pre-financing payment** *[1st, 2nd, 3rd ...]*
Reporting period from XX/XX/XX to XX/XX/XX

Project Acronym: **XXXXXX**

Grant agreement number: **200X XXX**

Dear Sirs,

With reference to the above information and in accordance with contractual provisions of the aforementioned grant agreement, we hereby request for the *[first/second/third/etc...]* further pre-financing payment of **EUR XXX.XXX,XX**.

The total eligible costs incurred during the current reporting period amounting to **EUR XXX.XXX,XX** (see details in the consolidated cost statement in annex) we certify that more than 70% of the previous pre-financing payment has been used up as foreseen in Article I.4.2.

Please find in the annexes the reports and other documents drawn up in accordance with the relevant provisions in Article I.5, Article II.15.2 and in annexes I and III of the grant agreement.

Sincerely,

Name of signatory: _____ *(should be the legal representative who signed the contract)*

Function of signatory: _____

Signature: _____

Annexes

Model

Expenditures

Direct eligible costs	TOTAL
E1. Staff	0,00
<i>a. Costs not pertaining to national officials</i>	<i>0,00</i>
<i>b. Costs pertaining to national officials</i>	<i>0,00</i>
E2. Travel costs and subsistence allowances	0,00
E3. Equipment	0,00
E4. Consumables & supplies directly linked to the project	0,00
E5. Subcontracting costs	0,00
E6. Other costs	0,00
Total direct eligible costs	0,00

E7. Overheads	0,00
---------------	-------------

Total - Expenditure	0,00
----------------------------	-------------

% of Overheads	0,00%
----------------	--------------

Main Beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary
Partner Acronym 1	Partner Acronym 2	Partner Acronym 3	Partner Acronym 4	Partner Acronym 5	Partner Acronym 6	Partner Acronym 7	Partner Acronym 8
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>
<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>	<i>0,00</i>
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
0,00%	0,00%	0,00%	0,00%	0,00%	0,00%	0,00%	0,00%

I, the undersigned, being the coordinator of the above mentioned project, declare that the information provided in this statement is true.

Name of signatory: _____

Date: _____

Function of signatory: _____

Signature (+ Stamp):

Organisation: _____