

E-1/A FINANCIAL STATEMENT
(Based on euro/currency used in the *beneficiary's* accounts)

eTEN

For the period from : **dd/mm/yyyy** to **dd/mm/yyyy** Period covered by report n° : **__**
 Project Acronym : **__** Cost model¹: **__**
 Grant agreement No : **__**
 Name of *beneficiary* / *member* : **__** Short name : **__**
 Currency (euro/currency) of the account²: **__** Exchange rate used for conversion into eur³: **__**

| | |
|--|--------------|
| Contact person for this Financial Statement ³ : | Telephone: + |
| E-mail address : | Fax: + |

| I. Categories of eligible costs | Amount for the period⁴ | |
|--|--|-------------------|
| | currency ² | euro ² |
| Direct costs | | |
| 1. Personnel | | |
| 2. Durable equipment | | |
| 3. Subcontracting | | |
| 4. Travel and subsistence | | |
| 5. Consumables | | |
| 6. Computing | | |
| 7. Protection of knowledge | | |
| 8. Other specific costs | | |
| Sub-total : | | |
| Indirect costs | | |
| 9. Overheads | | |
| Adjustments | | |
| 10. Adjustments ⁵ to previous costs | | |
| Total of eligible costs : | | |
| Community financial contribution : | - | [%] |

| II. Categories of non-eligible costs | Amount for the period⁴ | |
|---|--|-------------------|
| | currency ² | euro ² |
| (1) <i>Specify category</i> | | |
| (3) <i>Specify category</i> | | |
| Total of non-eligible costs : | | |

| III. Declaration of Receipts | Amount for the period⁴ | |
|---|--|-------------------|
| | currency ² | euro ² |
| (a) Direct income ⁶ from the project | | |
| (b) Contributions by other organisations ⁷ | | |
| (c) Other Community contributions ⁸ for the same project | | |
| (d) Adjustments ⁵ to previous receipts | | |
| (e) Total of receipts : | | |
| (f) Total of non-eligible costs : | | |
| (g) Total⁹ of receipts to fund eligible costs : | | |

| IV. Declaration of interest¹⁰ generated by the pre-financing (to be completed by the <i>co-ordinator</i>) | Amount for the period⁴ | |
|---|--|-------------------|
| | currency ² | euro ² |
| If the pre-financing (advance) has generated interest, indicate the amount | | |
| Total of interests earned : | | |

- the above costs correspond to the resources employed for the work under this grant agreement and that those resources were necessary for the performance of the work,
- the costs were incurred and fall within the definition of *eligible costs* or are non-eligible costs to the project
- where necessary and authorisations have been obtained from the Commission
- all the documents supporting the *eligible costs*, non-eligible costs, receipts and interests reported above, including the time records referred to in Article 14.1 (a) of Annex II to the grant agreement are available for the purposes of audit by the Commission and its authorised representatives or the Court of Auditors and reflect the costs, receipts actually incurred and
- the direct income from the project, contributions by other organisations and other Community contributions correspond to the actual resources received for the project work under this grant agreement

We certify that any necessary adjustments, for any reason, to previous Financial Statements have been incorporated in this statement⁵.

| | |
|---|---|
| Date: dd/mm/yyyy | Date: dd/mm/yyyy |
| Name of the person in charge of the work: | Name of duly authorised financial officer |
| Signature : | Signature : |

1. Insert the cost model as appropriate **FC** (Full Costs); **AC** (Additional Costs)
2. The Financial Statement must be drawn up in euro and in the currency used in the accounts of the *participant*. The exchange conversion rate must correspond to that indicated in Article 4.2 (a) of Annex II to this grant agreement except in the case of special conditions. See the website < europa.eu.int/comm/budget/inforeuro/index.cfm?Language=en >
3. One of the persons whose signature must appear on this form. The person in charge of the work (see Article 2.2 (b) of Annex II to this grant agreement) the duly authorised financial officer of the *participant* must sign the statement. In case the same person is in charge of both, he / she has to sign duly for both technical and financial functions.
4. Net amounts only. Do not include indirect taxes and duties or customs duties. Further details are required for some of the categories, see details in the form 'E-1/B Details by Category for Financial Statement'.
5. Any necessary adjustment, for example to reflect actual eligible and non-eligible costs and receipts rather than budgeted figures, must be made in subsequent Financial Statements. All details and reasons for any adjustment must be provided accordingly.
6. Indicate as appropriate any income or revenue resulting directly from the project.
7. Indicate any contribution (e.g. sponsoring) to the project received by the *beneficiary* from any other organisation.
8. Indicate any other Community contribution to the project funded directly or indirectly from the Community budgets (e.g. structural funds).
9. Total of receipts to fund *eligible costs* is equal to "Total of receipts" deducted by "Total of non-eligible costs", thus (g) = (e - f)
10. The co-ordinator must indicate the amount of any interests earned during the period by the *pre-financing* (advances) received from the Commission. In order to justify all the reported interests, attach detailed certified copies / original statements issued by the bank. Note that the interests or equivalent benefits are not considered as receipts to the project.

Details by category in euro or currency used in the beneficiary's (beneficiary / member) accounts as applicable

for the period from dd/mm/yyyy to dd/mm/yyyy

Project acronym : -

Cost basis¹: _____

Grant agreement n° : -

Name of beneficiary / member : -

Short name : _____

Currency (euro / currency) of the account: -

II. Categories of non-eligible costs:**WORKING TIME OF PERMANENT STAFF (for AC partners only)**

| Name ³ | Title (Mr/Ms) | Category ⁴ | Status ⁵ (P/T/I) | Employment ⁶ (FT / PT) | Annex I Work Package | Number ⁷ of person hours | Tasks / Comments |
|-------------------|---------------|-----------------------|-----------------------------|-----------------------------------|----------------------|-------------------------------------|------------------|
| | | | | | | | |
| Total | | | | | | | |

NON-ELIGIBLE COSTS

| No. | Category | Item | Description of non-eligible cost and name of supplier where applicable | Invoice, etc. ref. | Amount ⁹ |
|--------------|----------|------|--|--------------------|---------------------|
| | | | | | |
| Total | | | | | |

III. Categories of receipts :**A. DIRECT INCOME²⁰ FROM THE PROJECT**

| Item | Description | Ref. | Amount ⁹ |
|--------------|-------------|------|---------------------|
| | | | |
| Total | | | |

B. CONTRIBUTION BY OTHER ORGANISATIONS²¹

| Item | Description | Ref. | Amount ⁹ |
|--------------|-------------|------|---------------------|
| | | | |
| Total | | | |

C. OTHER EU CONTRIBUTIONS²² FOR THE SAME PROJECT

| Item | Description | Ref. | Amount ⁹ |
|--------------|-------------|------|---------------------|
| | | | |
| Total | | | |

D. ADJUSTMENTS¹⁸ TO PREVIOUS RECEIPTS

| Description of adjustment | IP ¹⁹ | Receipt category | Previous amount | New amount | Amount for adjustment ⁹ |
|---------------------------|------------------|------------------|-----------------|------------|------------------------------------|
| | | | | | |
| Total | | | | | |

(Continue on a second page if required.)

- Insert the cost model as appropriate : FC (Full Costs); AC (Additional Costs).
- Insert "CO" for the costs of co-ordination. This column is exclusively reserved to indicate the project co-ordinator's administrative and financial co-ordination costs (also in case the administrative and financial co-ordination is separated from the technical co-ordination) - see Article 2.1 of Annex II of this grant agreement.
- Full identity of persons working on the project for whom the costs are reported. In case of travel and subsistence costs, indicate the journey / person / one line.
- Identify clearly the status and person's role / contribution to the project (e.g. engineer, technician, economist, administrator, market analyst, co-ordination administrative personnel, cost centre, department, etc. according to the personnel records of the participant).
- Insert "P" for permanent employees, "T" for temporary employees and "I" for in-house consultants [clearly identifiable in the personnel records of the beneficiary].
- Indicate the person's type of employment by inserting "FT" for full time and "PT" for part-time [clearly identifiable in the personnel records of the beneficiary].
- The time reported must be reflected in the records of the beneficiary [and in their personnel records].
- The wage rate comprises the elements specified in Article 14.1 of Annex II of this grant agreement. It must correspond to the units appearing in column A.
- Net amounts only. Do not include any indirect taxes and duties or customs duties.
- For the calculation of eligible costs, see Article 14.2 of Annex II to this grant agreement, except in the case of special conditions. In order to certify the reported costs, attach certified copies of invoice with a reference to the claimed equipment. Normal office equipment and furniture (including PCs, laptops, mobile telephones, etc.) is considered as part of the Overhead costs.
- For purchased durable equipment, insert "P", for leased durable equipment insert "L". In the case of leasing the cost must not exceed the costs of purchasing the same article (or depreciated value) - see Article 14.2 of Annex II to this grant agreement.
- Net amounts (excluding indirect duties and taxes and customs duties) for purchased durable equipment. For leased equipment insert the value of the equipment.
- Number of months of usage of durable equipment for the project during the present payment period (maximum number of months is equal to the length of this period).
- Percentage of usage of durable equipment for the project.
- In order to certify the reported costs, attach certified copies of invoices containing a reference to the subcontract and details of the service or supply concerned.
- Only Consumables / Computing costs, which are specific to the project. In order to justify the reported costs, attach certified copies of invoices with a reference to the claimed items. Normal recurrent office supplies and accessories for equipment are considered as part of the Overhead costs.
- Other specific costs shall be subject to prior approval of the Commission (see Art. 14.8 of Annex II to this grant agreement), unless they are already provided in Annex I to the grant agreement. If the Financial Statement needs an Audit Certificate delivered by independent auditors according to the grant agreement requirements, indicate the costs under this heading accordingly. In order to justify all the reported costs, attach certified copies of invoices with a reference to the claimed items.
- Any necessary adjustment to the amounts claimed in the previous payment period(s), for example to reflect actual eligible and/or non-eligible costs and receipts rather than budgeted figures, adjustment(s) must be made in subsequent Financial Statements. All details and reasons for any adjustment must be provided accordingly.
- Indicate the number of corresponding payment period referred to the adjustment.
- Indicate as appropriate any income or revenue resulting directly from the project.
- Indicate any contribution (e.g. sponsoring) to the project received by the beneficiary from any other organisation.

22. Indicate any other EU contribution to the project funded directly or indirectly from the Community budgets (e.g. structural funds allocated on national level).

E-2/A - INTEGRATED SUMMARY STATEMENT¹

eTEN

ELIGIBLE COSTS TO BE SUBMITTED BY THE CO-ORDINATOR FOR THE BENEFICIARIES AND THEIR MEMBERS

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Project Acronym : - - -

For the period from : to -

Name of co-ordinator: - Short name: - all amounts are in euro

| | | I. ELIGIBLE COSTS | | | | | | | | | | |
|---------------|---------------------------|-------------------|-------------------|-----------------|---------------------------------|-------------|-----------|-------------------------|----------------------|-----------|--------|--|
| N° | Beneficiary / Member name | Personnel | Durable equipment | Sub-contracting | Travel and subsistence expenses | Consumables | Computing | Protection of knowledge | Other specific costs | Overheads | TOTALS | |
| 1 | Co-ordinator ² | | | | | | | | | | | |
| 1 | Beneficiary | | | | | | | | | | | |
| 1.1 | Member | | | | | | | | | | | |
| 2 | Beneficiary | | | | | | | | | | | |
| 3 | Beneficiary | | | | | | | | | | | |
| 4 | Beneficiary | | | | | | | | | | | |
| 5 | Beneficiary | | | | | | | | | | | |
| 6 | Beneficiary | | | | | | | | | | | |
| 7 | Beneficiary | | | | | | | | | | | |
| 8 | Beneficiary | | | | | | | | | | | |
| 9 | Beneficiary | | | | | | | | | | | |
| 10 | Beneficiary | | | | | | | | | | | |
| 11 | Beneficiary | | | | | | | | | | | |
| 12 | Beneficiary | | | | | | | | | | | |
| 13 | Beneficiary | | | | | | | | | | | |
| 14 | Beneficiary | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | |

Name of the person in charge of the work: _____

Name of duly authorised financial officer: _____

Signature :

Signature :

Date:

dd/mm/yyyy

Date:

dd/mm/yyyy

1. To be completed by the co-ordinator (or the financial co-ordinator) in case the administrative and financial co-ordination and technical co-ordination are separated).

2. The administrative and financial co-ordinator where the administrative and financial co-ordination and technical co-ordination are separated.

E-2/A - INTEGRATED SUMMARY STATEMENT¹ RECEIPTS

eTEN

TO BE SUBMITTED BY THE CO-ORDINATOR FOR THE BENEFICIARIES AND THEIR MEMBERS

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Project Acronym : - -
 For the period from : to -
 Name of co-ordinator: - -

Short name: - - all amounts are in euro

| N° | Contractor / Member name | II. RECEIPTS | | | | E. Total of Actual Non-eligible costs | F. Total of Actual Receipts to fund eligible costs (F) = (D - E) |
|---------------|--------------------------|---|---|--|---|--|--|
| | | A. Direct income ³ from the project | B. Contributions by other organisations ⁴ | C. Other EU contributions ⁵ for the same project | D. Total of Actual Receipts (D) = (A+B+C) | | |
| 1 | Co-ordinator2 | | | | | | |
| 1 | Beneficiary | | | | | | |
| 1.1 | Member | | | | | | |
| 2 | Beneficiary | | | | | | |
| 3 | Beneficiary | | | | | | |
| 4 | Beneficiary | | | | | | |
| 5 | Beneficiary | | | | | | |
| 6 | Beneficiary | | | | | | |
| 7 | Beneficiary | | | | | | |
| 8 | Beneficiary | | | | | | |
| 9 | Beneficiary | | | | | | |
| 10 | Beneficiary | | | | | | |
| 11 | Beneficiary | | | | | | |
| 12 | Beneficiary | | | | | | |
| 13 | Beneficiary | | | | | | |
| 14 | Beneficiary | | | | | | |
| TOTALS | | | | | | | |

Name of the person in charge of the work: _____

Name of duly authorised financial officer: _____

Signature : _____

Signature : _____

Date: dd/mm/yyyy

Date: dd/mm/yyyy

1. To be completed by the co-ordinator (or the financial co-ordinator in case the administrative and financial co-ordination and technical co-ordination are separated).
2. The administrative and financial co-ordinator where the administrative and financial co-ordination and technical co-ordination are separated.
3. Indicate as appropriate any income or revenue resulting directly from the project.
4. Indicate any contribution (e.g. sponsoring) to the project received by the participant from any other organisation.
5. Indicate any other EU contribution to the project funded directly or indirectly from the Community budgets (e.g. structural funds).

E-2/B - INTEGRATED SUMMARY STATEMENT¹
eTEN
ELIGIBLE COSTS
TO BE SUBMITTED BY EACH BENEFICIARY

Project Acronym : - -
 For the period from : to
 Name of co-ordinator : - -

Short name: - - all amounts are in euro

| | | I. ELIGIBLE COSTS | | | | | | | | | |
|---------------|---------------------------|-------------------|-------------------|-----------------|---------------------------------|-------------|-----------|-------------------------|----------------------|-----------|--------|
| No | Beneficiary / Member name | Personnel | Durable equipment | Sub-contracting | Travel and subsistence expenses | Consumables | Computing | Protection of knowledge | Other specific costs | Overheads | TOTALS |
| 1 | Beneficiary | | | | | | | | | | |
| 1.1 | Member | | | | | | | | | | |
| 1.2 | Member | | | | | | | | | | |
| 1.3 | Member | | | | | | | | | | |
| 1.4 | Member | | | | | | | | | | |
| 1.5 | Member | | | | | | | | | | |
| 1.6 | Member | | | | | | | | | | |
| 1.7 | Member | | | | | | | | | | |
| 1.8 | Member | | | | | | | | | | |
| 1.9 | Member | | | | | | | | | | |
| 1.10 | Member | | | | | | | | | | |
| TOTALS | | | | | | | | | | | |

Name of the person in charge of the work: _____

Signature :

Date: dd/mm/yyyy

Name of duly authorised financial officer: _____

Signature :

Date: dd/mm/yyyy

1. To be completed by *beneficiary*

E-2/B - INTEGRATED SUMMARY STATEMENT¹

eTEN

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Project Acronym : -

For the period from : - to -

Name of coordinator -

Short name: -

all amounts are in euro

RECEIPTS TO BE SUBMITTED BY EACH BENEFICIARY

| N° | Beneficiary / Member name | II. RECEIPTS | | | | E. Total of Actual Non-eligible costs | F. Total of Actual Receipts to fund eligible costs (F) = (D - E) |
|---------------|---------------------------|---|---|--|---|--|--|
| | | A. Direct income ² from the project | B. Contributions by other organisations ³ | C. Other EU contributions ⁴ for the same project | D. Total of Actual Receipts (D) = (A+B+C) | | |
| 1 | Beneficiary | | | | | | |
| 1.1 | Member | | | | | | |
| 2 | Member | | | | | | |
| 3 | Member | | | | | | |
| 4 | Member | | | | | | |
| 5 | Member | | | | | | |
| 6 | Member | | | | | | |
| 7 | Member | | | | | | |
| 8 | Member | | | | | | |
| 9 | Member | | | | | | |
| 10 | Member | | | | | | |
| TOTALS | | | | | | | |

Name of the person in charge of the work: _____

Name of duly authorised financial officer: _____

Signature :

Date: dd/mm/yyyy

Signature :

Date: dd/mm/yyyy

1. To be completed by a beneficiary
2. Indicate as appropriate any income or revenue resulting directly from the project.
3. Indicate any contribution (e.g. sponsoring) to the project received by the participant from any other organisation.
4. Indicate any other EU contribution to the project funded directly or indirectly from the Community budgets (e.g. structural funds).

E-3 - SUMMARY STATEMENT OF AMOUNTS TRANSFERRED TO THE BENEFICIARIES BY THE CO-ORDINATOR¹

eTEN

Project Acronym : -

Grant agreement No: -

Name of co-ordinator: - Short name: _____

all amounts are in euro

| N° | Beneficiary Name | Initial pre-financing | | Period / Milestone ² | | Period / Milestone ² | | Final period ² : | | Other ³ | | Total | Comments |
|---|------------------|-----------------------|------|---------------------------------|------|---------------------------------|------|-----------------------------|------|--------------------|------|-------|----------|
| | | Amount | Date | Amount | Date | Amount | Date | Amount | Date | Amount | Date | | |
| 1 | Beneficiary | | | | | | | | | | | | |
| 2 | Beneficiary | | | | | | | | | | | | |
| 3 | Beneficiary | | | | | | | | | | | | |
| 4 | Beneficiary | | | | | | | | | | | | |
| 5 | Beneficiary | | | | | | | | | | | | |
| 6 | Beneficiary | | | | | | | | | | | | |
| 7 | Beneficiary | | | | | | | | | | | | |
| 8 | Beneficiary | | | | | | | | | | | | |
| 9 | Beneficiary | | | | | | | | | | | | |
| 10 | Beneficiary | | | | | | | | | | | | |
| 11 | Beneficiary | | | | | | | | | | | | |
| 12 | Beneficiary | | | | | | | | | | | | |
| 13 | Beneficiary | | | | | | | | | | | | |
| 14 | Beneficiary | | | | | | | | | | | | |
| 15 | Beneficiary | | | | | | | | | | | | |
| Totals : | | | | | | | | | | | | | |
| Amounts paid by the Commission : | | | | | | | | | | | | | |

Name of the person in charge of the work: _____

Name of duly authorised financial officer: _____

Signature :

Signature :

Date: dd/mm/yyyy

Date: dd/mm/yyyy

1. To be completed by the administrative and financial co-ordinator, in case the administrative and financial co-ordination and technical co-ordination are separated.
2. See Article 2.1(f) of Annex II to this grant agreement.
3. Any other amount transferred to a *beneficiary* during the duration of the project.

E-4: REQUEST FOR PAYMENT ¹ - DEPLOYMENT GRANT AGREEMENTS

Project Acronym : _____
 Grant agreement No: _____
 Milestone ² : _____ ending³ on : ____ / ____ / ____
 Name of the *Participant*: _____
 Role of the *Participant*: _____

The *Participant* hereby certifies that:

- the periodical report and the other project deliverables required for the milestone have been submitted to the Commission in the number of copies and the language required by the grant agreement,
- at least 70 % of the total amount of the *pre-financing* paid by the Commission has been consumed and
- the objectives of the Milestone have been achieved and that the project can be continued.

Consequently, the *Participants* requests the Commission to pay the sum of

EUR _____ ⁴ (_____ euro), ⁵

in accordance with Article 3.1 of Annex II to the grant agreement and in accordance with the Budget and the Milestones Breakdown Tables.

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Name of the person in charge of the work:

Name of duly authorised financial officer:

Signature of the person in charge of the work

Signature of duly authorised financial officer:

1. To be submitted in the number of copies specified in Article 4 of the grant agreement.
 Information concerning the milestone and the amount of the payment are given in Article 3 of the grant agreement.
 2. If the project comprises several milestones, indicate the number.
 3. Date of completion of Milestone.
 4. Amount in figures.
 5. Amount in letters.
 6. See Article 2.2(b) of Annex II to the grant agreement.