

## Application for Reimbursement

<b>Project Code:</b>	<b>Name of the Lead Partner:</b>
<b>Acronym:</b>	

This Application for Reimbursement (AfR) covers expenditure of the abovementioned project within the framework of the SEE Programme paid in the reporting period:		
from <b>dd/mm/yyyy</b> to <b>dd/mm/yyyy</b>	Type of the AfR issued:	Regular No.: 1.1

Total amount of eligible expenditure covered by the Application for reimbursement:	<b>EUR</b>
Total amount of eligible public expenditure:	<b>EUR</b>
Amount of <b>ERDF contribution</b> requested by the present Application for reimbursement:	<b>EUR</b>
Amount of <b>IPA contribution</b> requested by the present Application for reimbursement:	<b>EUR</b>
<b>Total Community contribution</b> requested by the present Application for reimbursement:	<b>EUR</b>

Regarding the expenditure presented and the Community contribution requested by this Application for Reimbursement, I, the undersigned, representing the Lead Partner hereby declare that:	
1.	I verified that the expenditure declared by the Project Partners participating in the Project has been incurred only for the purpose of implementing the Project and corresponds to the activities agreed between those Project Partners in the frame of the approved Application;
2.	I verified that the expenditure declared by the Project Partners and included in the present Application for reimbursement had been validated by the designated controllers at national level;
3.	All declaration on validation of expenditure presenting the expenditure of the Project Partners in this Application for reimbursement are attached in original paper version officially signed by the designated controllers;
4.	The expenditure declared in the present Application for Reimbursement has not been included in any other previous Application for Reimbursement;
5.	The information included in the Application for Reimbursement, the related Progress Report and its Annexes are true and correct.

I kindly ask you to reimburse the requested amount of Community contribution to the following bank account:	
Bank:	
IBAN:	
SWIFT Code:	

Date:	<b>TO BE FILLED IN BY THE JTS</b>
Signature and stamp of the LP representative:	Date of receipt by the JTS:
	Date of acceptance by the JTS:
	Signature:

## Annex “A” to the Application for Reimbursement

<b>Project Code:</b>	<b>Name of the Lead Partner:</b>	
<b>Acronym:</b>		
Reporting period for which the Application for Reimbursement (AfR) is submitted from <b>dd/mm/yyyy</b> to <b>dd/mm/yyyy</b>	Type of the AfR issued:	Corrective No.: 3.3

	Name of the ERDF partner	Member State in which the LP/PP is located	ERDF co-financing rate %	Reporting period	Total amount of eligible expenditure EUR	Revenue	Amount of eligible public expenditure EUR	Amount of state contribution EUR	Amount of ERDF requested EUR	Financial correction from ERDF requested related to irregularities in previous periods EUR	Amount of ERDF to be reimbursed EUR
LP											
ERDF PP1											
ERDF PP2											
ERDF PP3											
ERDF PP4											
ERDF PP5											
ERDF PP6											
ERDF PP7											
ERDF PP8											
<b>TOTAL</b>											

Date:	<b>TO BE FILLED IN BY THE JTS</b>
Signature and stamp of the LP representative:	Date of receipt by the JTS:
	Date of acceptance by the JTS:
	Signature:

## Annex “B” to the Application for Reimbursement

<b>Project Code:</b>	<b>Name of the Lead Partner:</b>	
<b>Acronym:</b>		
Reporting period for which the Application for Reimbursement (AfR) is submitted from <b>dd/mm/yyyy</b> to <b>dd/mm/yyyy</b>	Type of the AfR issued:	Corrective No.: 3.3

	Name of the IPA-I partner	Partner State in which the PP is located	IPA-I co-financing rate %	Reporting period	Total amount of eligible expenditure EUR	Revenue	Amount of eligible public expenditure EUR	Amount of state contribution EUR	Amount of IPA requested EUR	Financial correction from IPA requested related to irregularities in previous periods EUR	Amount of IPA to be reimbursed EUR
IPA-I PP1											
IPA-I PP2											
IPA-I PP3											
IPA-I PP4											
IPA-I PP5											
IPA-I PP6											
IPA-I PP7											
IPA-I PP8											
<b>TOTAL</b>											

Date:	<b>TO BE FILLED IN BY THE JTS</b>
Signature and stamp of the LP representative:	Date of receipt by the JTS:
	Date of acceptance by the JTS:
	Signature: