

## Application for Reimbursement

<b>Project reference number:</b>		<b>Name of the Lead Partner:</b>	
<b>Project acronym:</b>			
This Application for Reimbursement (AfR) covers expenditure of the abovementioned project within the framework of the Danube Transnational Programme declared in the reporting period:			<b>DD.MM.YYYY – DD.MM.YYYY</b>
Type of the AfR issued:			<b>Regular No.: 1/ Corrective No. 1.1</b>
Total amount of eligible expenditure covered by the Application for Reimbursement:			___ EUR
Amount of <b>ERDF contribution</b> requested by the present Application for Reimbursement:			___ EUR
Amount of <b>IPA contribution</b> requested by the present Application for Reimbursement:			___ EUR
Amount of <b>ENI contribution</b> requested by the present Application for Reimbursement:			___ EUR
<b>Total EU contribution</b> requested by the present Application for Reimbursement:			___ EUR
<b>The total EU contribution in words:</b> _____ and _____/100 euros.			
Regarding the expenditure presented and the EU contribution requested by this Application for Reimbursement, I, the undersigned, representing the Lead Partner hereby verify that:			
1.	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 Form;		
2.	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.	The expenditure declared in the present Application for Reimbursement has not been included in any other previous Application for Reimbursement;		
4.	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 EU contribution to the following bank account: Account holder name and address (in original language, in line with the Bank Contract):   Bank name and address:   Account IBAN number: SWIFT Code of the Bank: Date of submission: Name and signature of the LP's legal representative			

**To be filled in by the MA/JS**

I, as the responsible person of the MA/JS, hereby confirm that

- a) the requested amount of total EU contribution above is transferable to the LP's bank account.
- b) the total EU contribution in amount of EUR \_\_\_\_\_, in words \_\_\_\_\_ and \_\_\_\_\_/100 euros is transferable to the LP's bank account.

I kindly request the Certifying Authority to reimburse the approved amount as soon as possible.

Date of acceptance by the MA/JS:

Name and signature of the MA/JS

## Application for Reimbursement

### Annex “A” to the Application for Reimbursement

<b>Project reference number:</b>		<b>Name of the Lead Partner:</b>	
<b>Project acronym:</b>			
Reporting period for which the Application for Reimbursement (AfR) is submitted:	<b>DD.MM.YYYY – DD.MM.YYYY</b>	<b>Type of the AfR issued:</b>	<i>Regular No.: 1/ Corrective No. 1.1</i>

To be filled in by the Lead Partner							To be filled in, if relevant, by the MA/JS	
LP/PP	Name of the ERDF partner	Partner State in which the LP/PP is located	ERDF co-financing rate %	Reporting period	Total amount of eligible expenditure certified by FLC 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			85.00					
ERDF PP1			85.00					
ERDF PP2			85.00					
ERDF PP3			85.00					
ERDF PP4			85.00					
ERDF PP5			85.00					
ERDF PP6			85.00					
ERDF PP7			85.00					
ERDF PP8			85.00					
ERDF PP9			85.00					
ERDF PP10			85.00					
...			85.00					
<b>TOTAL</b>								

<b>To be filled in by LP</b>	<b>To be filled in by the MA/JS</b>
Date of submission:	Date of acceptance by the MA/JS:
Name and signature of the LP's legal representative	Name and signature of the MA/JS

## Application for Reimbursement

### Annex “B” to the Application for Reimbursement

<b>Project reference number:</b>		<b>Name of the Lead Partner:</b>	
<b>Project acronym:</b>			
Reporting period for which the Application for Reimbursement (AfR) is submitted:	<i>DD.MM.YYYY – DD.MM.YYYY</i>	<b>Type of the AfR issued:</b>	<i>Regular No.: 1/ Corrective No. 1.1</i>

To be filled in by the Lead Partner							To be filled in, if relevant, by the MA/JS	
PP	Name of the IPA partner	Partner State in which the PP is located	IPA co-financing rate %	Reporting period	Total amount of eligible expenditure certified by FLC 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 PP1			85.00					
IPA PP2			85.00					
IPA PP3			85.00					
IPA PP4			85.00					
IPA PP5			85.00					
IPA PP6			85.00					
IPA PP7			85.00					
IPA PP8			85.00					
IPA PP9			85.00					
IPA PP10			85.00					
<b>TOTAL</b>								

To be filled in by LP	To be filled in by the MA/JS
Date of submission:	Date of acceptance by the MA/JS:
Name and signature of the LP's legal representative	Name and signature of the MA/JS

## Application for Reimbursement

### Annex “C” to the Application for Reimbursement

<b>Project reference number:</b>		<b>Name of the Lead Partner:</b>	
<b>Project acronym:</b>			
Reporting period for which the Application for Reimbursement (AfR) is submitted:	<i>DD.MM.YYYY – DD.MM.YYYY</i>	<b>Type of the AfR issued:</b>	<i>Regular No.: 1/ Corrective No. 1.1</i>

To be filled in by the Lead Partner							To be filled in, if relevant, by the MA/JS	
PP	Name of the ENI partner	Partner State in which the PP is located	ENI co-financing rate %	Reporting period	Total amount of eligible expenditure certified by FLC EUR	Amount of ENI requested EUR	Financial correction from ENI requested related to irregularities in previous periods EUR	Amount of ENI to be reimbursed EUR
ENI PP1			85.00					
ENI PP2			85.00					
ENI PP3			85.00					
ENI PP4			85.00					
ENI PP5			85.00					
ENI PP6			85.00					
ENI PP7			85.00					
ENI PP8			85.00					
ENI PP9			85.00					
ENI PP10			85.00					
<b>TOTAL</b>								

<b>To be filled in by LP</b>	<b>To be filled in by the MA/JS</b>
Date of submission:	Date of acceptance by the MA/JS:
Name and signature of the LP's legal representative	Name and signature of the MA/JS