

Interreg-IPA Cross-border Cooperation Programme Hungary-Serbia

Annex II - Application for Reimbursement model template





Application for Reimbursement (Approximate model)

Proje	ct ID:	Name of t	Name of the Lead Beneficiary:				
Proje	ct Acronym:						
Total amount of expenditure covered by the Application of Total amount of eligible public expenditure: EUR Amount of IPA requested by the present Application for							
from dd/mm/yyyy to dd/mm/yyyy Total amount of expenditure covered by the Application Total amount of eligible public expenditure: EUR Amount of IPA requested by the present Application for Reimbursement: EUR Regarding the expenditure presented and the IPA requested.		Number of t	he AfR: No				
Total	amount of expenditure covered by the Application	for Reimburs	ement: EUR				
Amount of IPA requested by the present Application for							
			IPA contribution rate: 85,00 %				
Regarding the expenditure presented and the IPA requested by this Application for Reimbursement I, the undersigned, representing the Lead Beneficiary hereby declare that:							
1	I verified that the expenditure declared by the Beneficiaries participating in the Project has been incurred only for the purpose of implementing the Project and corresponds to the activities agreed between those Beneficiaries in the frame of the approved Application.						
2	I verified that the expenditure declared by the Beneficiaries 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 p Application for Reimbursement are attached in c 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 Reare true and correct.	eimbursemen	t, the related Project Report and its Annexes				
Bank: Bank	ly ask you to reimburse the requested amount of IF: account (IBAN): T Code:	A contributio	n to the following bank account:				



Annex "A" to the Application for Reimbursement

Project ID:	Project Acronym:	Name of the Lead Beneficiary:		
Reporting period for which the AfR is	submitted: from dd/mm/yyyy to dd/u	No. of the period: No	No. of the AfR: No	

	Name of the Beneficiary	Member State in which the LB/B is located	Declaration on Validation of expenditure issued on	Total amount of eligible expenditure (EUR)	Revenue (EUR)	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)
LB			dd/mm/yyyy							
B1										
B2										
Total										

Settlement of the IPA Advance payment (EUR) by Beneficiaries

	Short name of the Beneficiary	IPA advance	Limit of settlement	Previously validated IPA fund	IPA fund validated in current report	Total validated IPA fund	Transferable IPA in current report	Advance settlement in current period	Accumulated advance settlement Remaining advance to be settled
LB									
B1									
B2									
Total									