

Interreg-IPA Cross-border Cooperation Programme Hungary-Serbia

Annex II - Application for Reimbursement model template







Application for Reimbursement (Approximate model)

Proj	ect ID:	Name of the Lead Beneficiary:				
Proj	ect Acronym:					
	• •	•	expenditure of the abovementioned project within Serbia Programme paid in the reporting period:			
from	dd/mm/yyyy to dd/mm/yyyy	Number of	Number of the AfR: No			
Tota	amount of expenditure covered by the Appl	ication for F	Reimbursement: EUR			
Tota	l amount of eligible public expenditure: EUR					
	unt of IPA requested by the present Applicat bursement: EUR	ion 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 presenting the expenditure of the Beneficiaries 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 Project Report and its Annexes are true and correct.					
acco Bank Bank	I kindly ask you to reimburse the requested amount of IPA contribution to the following bank account: Bank: Bank account (IBAN): SWIFT Code:					



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/	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)	
LB			dd/mm/yyyy							
B1										
B2										
Total	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									