**EXPENSES CLAIM FORM – PARTNER**

***To be filled out by the partner.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project number\* |  | AC-number of outstanding claim\* |  | Period in which expense was incurred |
| Partner's internal reference number |  | Amount of outstanding claim |  |  |

|  |  |
| --- | --- |
| Partner |  |
| Place |  |
| Contract number |  |
| Note |  |

**Specification of expenses used for justifying claims**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| P. | Budget line | Date (D/M/YY) | Recipient | Expense description | Amount |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |

|  |  |
| --- | --- |
| Amount of justified expenses | **0,00** |
| Amount of outstanding claim | 0,00 |
| New claims total |  |
| Amount of outstanding claim | 0,00 |

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|  |  |
| --- | --- |
| Name, surname and signature of the person who calculated the claim | Name, surname and signature of the person who verified the claim |
|  |  |

\* Ask the Institute's staff for information.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | CB-number |  | AC-number |  | IKP of payment | **2501** |
| Date |  | Date |  | Date |  | Date |  |
| Approved by |  | Disbursed by |  | Recorded by |  | Verified by |  |