***Annex 2***

# Annex 2 Report and reimbursement claim

|  |  |
| --- | --- |
| Organization |  |
| Grant approval date |  |
| Registration number of Annex 1 |  |

**Person(s) performing the bilateral activities:**

………………

**Purpose of the visit:**

……………

**Description of the implemented activities (describe in details the initiatives, activities, participants, date and location):**

………………..

**Outcome of activities (for example scanned signed copies of letter of intent):**

…………………….

**Financial report and requested amount (double-click to edit; add rows as necessary and describe): 2**



**Reimbursement details:**

1. **Organization that has made the expense: ………………………………**
2. **Total expenditures: …………….. (EUR)**
3. **Bank details:**

IBAN: …………. BIC: …………….

Bank name, branch: …………… Account holder: ……………

**Attachments (add rows as needed)**

* + 1. …………………………………………..
    2. …………………………………………..
    3. …………………………………………..

Please attach all expenditure documents – verified “true to original” (invoices, tickets, accounting records for each expenditure, etc.) and provided with **translation** into English if the document’s language is other than Bulgarian or English.

Please attach copies of all results from the bilateral cooperation activities.

**Declarations**

The undersigned ……………………. (name, position) representative of ……………………… (organization name) hereby declare:

* + - 1. That the information provided in the payment request and the attached documents is complete and accurate;
      2. That the costs incurred can be considered eligible in accordance with Chapter 8 of the Regulation on the implementation of the EEA FM;
      3. That the activities reported herein are not funded by another source;
      4. That the activities reported herein were implemented in accordance with rules of EEA Financial mechanism 2014-2021 and applicable EU and national laws.

**The report forms (ANNEX 2) shall be submitted electronically in editable format (docx), signed, scanned (in pdf)!**

**Official representative of the institution:**

**signature**