

Annex 11 - Request for Payment Form

Title of the project:	<i>(copied from application form)</i>	
Application Number:	<i>(copied from application form)</i>	Acronym: <i>(copied from application form)</i>

Reporting Period:	
Payment amount of the voucher:	

I. INFORMATION ABOUT THE BENEFICIARY		
Name of the SME/Start-up		
micro-entrepreneur	small entrepreneur	medium entrepreneur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of starting economic activity according to the register document		
Legal form		
VAT number		
Registered seat address / place of residence		
Country		
Region	Zadar County <input type="checkbox"/> Marche Region <input type="checkbox"/> Central Macedonia <input type="checkbox"/> Region of Friuli Venezia Giulia <input type="checkbox"/> Coastal areas of Durres, Vlora, Saranda and Shengjin (Albania) <input type="checkbox"/> Region of Western Greece <input type="checkbox"/> Apulia Region <input type="checkbox"/>	
Address (Street, number, Postal code)		
Phone number		
e-mail		
INFORMATION ABOUT LEGAL REPRESENTATIVE /COPY OF POWER OF ATTORNEY (if applicable)		
First name		

Last name	
Position	
Institution	
Phone number	
Mobile phone	
e-mail	
Address (Street, City, Region, Country, Postal Code)	
CONTACT PERSON	
First name	
Last name	
Position	
Institution	
Phone number	
Mobile phone	
e-mail	

II. INFORMATION ABOUT THE KNOWLEDGE PROVIDER	
Name	
Legal form	
VAT number	
Registered seat address / provider's place of residence	
Address (Region, Street, City, Country, Postal Code)	
Phone number	
e-mail	
web page address	
Name of Bank for payment	
No of Bank account (IBAN format)	
SWIFT CODE	

III. INFORMATION ABOUT THE PROJECT	
Application number	
Title of the project	
Acronym	
Dates of delivery of the service (from DD-MM-YYYY till DD-MM-YYYY)	
Short report on the project	
Description of the service and project achievement (in short)	
<ul style="list-style-type: none"> • <i>Topic</i> • <i>Target product/service</i> • <i>Description of tasks executed by Knowledge Provider during the service implementation</i> • <i>Impact contribution of the project in enhancing innovation capacity of the company, integrating new knowledge, strengthening its competitiveness, commercial exploitation of results</i> • <i>Other relevant information on the service (not already covered above)</i> 	
Description of the achieved results of the service (in short)	
<ul style="list-style-type: none"> • <i>Results achieved</i> • <i>What aimed the company with the results</i> 	
Description of the barriers/challenges found during the project and this call, including contributions from beneficiary to improve future actions based on this initiative (in short)	
Information on how the project will be continued in the future by Beneficiary till implementation into her/his economic activity (in short)	

IV. PAYMENT DATA	
Amount in euro of the requested payment	
Declaration of the service satisfactory	
Herby I confirm that I am satisfied with service provided by the Knowledge provider	<input type="checkbox"/>

Beneficiary's declaration:

By submitting this request for payment I hereby declare that:

- all information and data submitted in this request for Payment is accurate, reliable and reflects the genuine project implementation and its results;
- no essential information about the project the knowledge of which could affect the project assessment has been concealed;
- all documentation of the project is kept in our seat at: *(the beneficiary's seat address)*

The following documentation constitutes an integral part of the request for payment form and must be attached (all copies of documents must bear a clause "Copy true to the original"¹):

1. Copy of collaboration agreement between the beneficiary and the accredited Knowledge Provider.
2. Final report and other evidences of delivered service – such as interim-reports, acceptance protocols, analysis, photos of prototypes, if it was done within the project (more complex version of the description of the project, short version of which is in the request for payment form).
3. A one-sheet document describing barriers/challenges found during the project and this call, including contributions from beneficiary to improve future actions based on this initiative.

Legal representative of the organization	
Position	
Signature	<i>(electronic signature if possible, or a scanned signed copy)</i>
Date	

¹ The certified true copy is understood as a copy of the document containing:

- 1) "certified true copy" clause on each page of a document, together with a legible signature (name and surname) of a person authorised to represent the Beneficiary or
- 2) "Certified true copy from page...to page..." on the first page of the permanently bound document with all pages numbered and a legible signature (name and surname) of a person authorised to represent the Beneficiary.