

FINANCIAL REPORT

PLEASE PUT A TICK AGAINST A CASE

INTERMEDIATE

FINAL

*This document is available in Excel format at the following address:
ssabourin@afm-telethon.fr*

Last Version: 20th february 2013



Project title:

Application number:

If Final Report "Project for 2 years" put both AFM application numbers (first and second year)

Name of the applicant:

Research Laboratory:

Name and address:

Name and address of the representative authorized to commit funds:

Name, phone number and e-mail of the financial manager:

Signature of the financial manager

Financial Report in EUROS

List costs either with or without tax depending on tax refund.

The expenses indicated in the financial report must be directly related to and necessary for the program and must correspond to the instructions of the call for proposals forms.

For academic or governmental institution, indirect research expenses also called indirect costs or overheads, are not eligible and must be covered by another source.

Goods and services must be delivered or "service rendered" stated.

Expenses items	One year grant		two years grant					Total Budget	Total Expenses justified
	Reporting period from* to		Reporting period 1 from* to		Reporting period 2 from** to				
	Budget (A)	Expenses justified	Budget Year 1 (B)	Expenses justified (C)	*** Remaining expenses year 1 reported year 2	Budget Year 2 (D)	Expenses justified		
Running costs									
Supply, small equipment					0,00			0,00	0,00
Running costs									
Subcontracting					0,00			0,00	0,00
Equipment					0,00			0,00	0,00
Personnel					0,00			0,00	0,00
Travel					0,00			0,00	0,00
TOTAL	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

(A) and (B) Indicate the grant budget (allocated by AFM) for year 1

(C) Indicate the expenses justified in the application for renewal

(D) **If the first year is finished and a renewal application submitted:** indicate the provisional budget for year 2 (as indicated in the original acceptance letter)

If the project is finished: indicate the budget (allocated by AFM) for year 2

* Date of the beginning "period 1" = date of the signature "Letter of Agreement"

** Date of the beginning "period 2" = date of the end "period 1" (+ 1 day)

*** If remaining, please specify all useful commentary:

Application number: 0

Detail of expenses

Please complete the tables below

Tables below can be filed or it is possible to attach a detailed listing. Beware to report the total amount by expenses items in the tables.

Running costs Supply, small equipment	Amount	Supplier name	Invoice		Description
			Number	Date	
Total	0,00				

Running costs Subcontracting	Amount	Supplier name	Invoice		Description
			Number	Date	
Total	0,00				

Attach copy of the invoice

Equipment	Amount	Supplier name	Invoice		Description
			Number	Date	
Total	0,00				

Attach copy of the invoice

Personnel	Amount	Position	Identity		Person months	Date of beginning and end contract work
			Surname	First name		
Total	0,00					

Travel	Amount	Date	Supplier name	Name of the beneficiary	Description (Purpose of trip)
Total	0,00				

Signature of the representative authorized to commit funds

Fonction:

First name and Family name:

Stamp and date of the signature:

Signature of the applicant

First name and Family name:

Date of the signature:

If you have any questions about this financial report, you can contact Mrs Catherine Hivart (chivart@afm-telethon.fr)