

STAFF CONVENTION

Ref. No.....

Project No.

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

BETWEEN
Hereinafter "the Institution"*

AND Name:
Address:
.....
Hereinafter "the Staff member"*

THE FOLLOWING HAS BEEN AGREED:

1. The Institution is a member of the partnership for the above-mentioned project.
2. The Staff member is employed by the Institution and is part of its payroll system.
3. The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

	<i>dd/mm/yy</i>		<i>dd/mm/yy</i>
FROM		TO	

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

.....
.....
.....

4. Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	
Country of the Institution in which the Staff member is employed	
Number of days worked and charged to the grant (according to time-sheet)	

5. This agreement does not alter in any way the employment conditions already existing between the Institution and the Staff member and has been established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in Date

Name.....

Function.....

Institution

Staff member name.....

Signature and Stamp of the Institution

Signature of the Staff member

**The convention must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person is normally employed. The Institution must be a member of the partnership.*

Annex VI link to FAQ's

https://eacea.ec.europa.eu/erasmus-plus/funding/key-action-2-capacity-building-in-field-higher-education-2015_en

https://eacea.ec.europa.eu/sites/eacea-site/files/erasmus_ka2_cbhe_faq-selection_1st_call_v2_300115_en.pdf

Annex VII Individual Bank account of each beneficiary organization



FINANCIAL IDENTIFICATION

PRIVACY STATEMENT

http://ec.europa.eu/budget/contracts_grants/info_contracts/financial_id/financial_id_en.cfm#en

Please use CAPITAL LETTERS and LATIN CHARACTERS when filling in the form.

<u>BANKING DETAILS</u> ①	
ACCOUNT NAME ②	<input type="text"/>
IBAN/ACCOUNT NUMBER ③	<input type="text"/>
CURRENCY	<input type="text"/>
BIC/SWIFT CODE	<input type="text"/> BRANCH CODE ④ <input type="text"/>
BANK NAME	<input type="text"/>
ADDRESS OF BANK BRANCH	
STREET & NUMBER	<input type="text"/>
TOWN/CITY	<input type="text"/> POSTCODE <input type="text"/>
COUNTRY	<input type="text"/>
<u>ACCOUNT HOLDER'S DATA</u> AS DECLARED TO THE BANK	
ACCOUNT HOLDER	<input type="text"/>
STREET & NUMBER	<input type="text"/>
TOWN/CITY	<input type="text"/> POSTCODE <input type="text"/>
COUNTRY	<input type="text"/>
REMARK	<input type="text"/>
BANK STAMP + SIGNATURE OF BANK REPRESENTATIVE ⑤	DATE (Obligatory) <input type="text"/>
	SIGNATURE OF ACCOUNT HOLDER (Obligatory) <input type="text"/>

① Enter the final bank data and not the data of the intermediary bank.

② This does not refer to the type of account. The account name is usually the one of the account holder. However, the account holder may have chosen to give a different name to its bank account.

③ Fill in the IBAN Code (International Bank Account Number) if it exists in the country where your bank is established

④ Only applicable for US (ABA code), for AU/NZ (BSB code) and for CA (Transit code). Does not apply for other countries.

⑤ It is preferable to attach a copy of RECENT bank statement. Please note that the bank statement has to confirm all the information listed above under 'ACCOUNT NAME', 'ACCOUNT NUMBER/IBAN' and 'BANK NAME'. With an attached statement, the stamp of the bank and the signature of the bank's representative are not required. The signature of the account-holder and the date are ALWAYS mandatory.

Annex VIII Internal Reporting forms

ANNEX II

JOINT DECLARATION

Ref. No. OP I /

Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

FROM

Hereinafter "the Institution"*

AND Name:

Address:

Hereinafter "the Staff member"*

THE FOLLOWING HAS BEEN AGREED:

- The Institution is a member of the partnership for the above-mentioned project.
- The Staff member is either:
 - employed by the Institution and is part of its payroll system YES/NO
 - or
 - a natural person ** assigned to the project on the basis of a contract against payment YES/NO
- The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

	<i>dd/mm/yy</i>		<i>dd/mm/yy</i>
FROM	TO	.....

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

.....

- Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution	.....
Number of days worked and charged to the project (according to time-sheet)	.....

- This agreement does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and has been established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in

Date

Name.....

Function.....

Institution

Staff member name.....

Signature and Stamp of the Institution

Signature of the Staff member

**The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person is worked for the project. The Institution must be a member of the partnership.*

*** A natural person (individual) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if:*
(i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed); and
(ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and
(iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

JOINT DECLARATION

Ref. No... OP I /

Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

Agreement on payment of staff costsBETWEEN
Hereinafter "the Institution"*AND Name:
Address:
.....
Hereinafter "the Staff member"***THE FOLLOWING HAS BEEN AGREED:**

- The Institution is a member of the partnership for the above-mentioned project.
- The Staff member is either:
 - employed by the Institution and is part of its payroll system YES/NO
 - or
 - a natural person ** assigned to the project on the basis of a contract against payment YES/NO
- The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

dd/mm/yy		dd/mm/yy	
FROM	.....	TO	.....

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

.....
.....

- Please complete the following information.

Working days salary rate in EUR
..... EUR/dayTotal salary for above period in EUR
..... EUR

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	.....
Country of the Institution in which the Staff member is employed	.....
Number of days worked on the project (according to time-sheet)	.....
co-financing – not paid via project funding EUR
Total cost (Erasmus+ grant without co-financing) EUR

IBAN	BIC	Bank name
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- This agreement does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and has been established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in Date

Name.....

Function.....

Institution

Staff member name.....

Signature and Stamp of the Institution

Signature of the Staff member

*The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person worked for the project. The Institution must be a member of the partnership.

** A natural person (*individual*) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if:

- (i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed); and
- (ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and
- (iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

JOINT DECLARATION

Ref. No...OP I /

Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

Individual staff member report**Reporting Period:** from to**Consortium Member:****Staff member name:****Activity carried out in:****Date of Report:**

Activity code no	ACTIVITIES	RESULTS	DAYS USED
.....
.....
.....
.....
.....
	Total:		.....

Signed by staff member	Authorized by Local Project Coordinator
Date and Signature	Date and Signature

ANNEX III - INDIVIDUAL TRAVEL COSTS AGREEMENT for travel costs and costs of stay page 2To be filled in by each participant

In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No... OP II,III /	Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report	

(1) PERSONAL DATA

Surname: Forename:

Nationality:

Home institution:

Staff position/student year of study at home institution:

(2) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)
PLACE OF DEPARTURE**	HOME INSTITUTION COUNTRY..... CITY.....	
PLACE of DEST./ LOC. of ACTIVIT.	HOST INSTITUTION COUNTRY..... CITY.....	
TRAVEL DISTANCE***	Km	

*Please indicate period of travel from departure to return to place of origin
** If different from Home institution please enclose authorisation from the Agency
***Travel distance in Km (One-way travel) using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm
from place of departure to location of activities

(3) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):	To (date):
KEYWORDS OF ACTIVITY(IES) PERFORMED (brief description of the activities performed) see page 1 and 4		

TRAVEL COSTS (Unit Costs, in EUR)

(1)	(1)
▪ travel costs payment in advance by HTWK (e.g. on invoice directly to travel agency):	(2)
▪ travel costs payment by traveller (e.g. tickets, invoices, ...):	(3)
▪ difference of real travel costs and advanced payment for reimbursement to participant → payment to traveler	(4)

Total sum of real travel costs (in EUR) (2) + (4) = (5)

COSTS OF STAY (Unit Costs, in EUR)

(6)	(6)
▪ Costs of Stay payment in advance by HTWK:	(7)
▪ invoice for accommodation in advance by HTWK:	(8)
▪ Daily allowance payment for traveller (n x 30€):	(9)
▪ accommodation invoice payment by traveller:	(10)
▪ preliminary amount for Costs of Stay for reimbursement → payment to traveller	(9) + (10) = (11)

Total sum of real Costs of Stay (in EUR) (7) + (8) + (9) + (10) = (12)

TOTAL AMOUNT → payment to traveler (EUR) (4)+(11) = (13)

Holder of bank account:	.....
IBAN	BIC	Bank name

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.

Date:.....

Signature:

ANNEX III - INDIVIDUAL TRAVEL COSTS AGREEMENT for travel costs and costs of stay page 3To be filled in by each participant

In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No...OP II,III /	Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report	

(1) PERSONAL DATA

Surname: Forename:

Nationality:

Home institution:

Staff position/student year of study at home institution:

(2) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)

PLACE OF DEPARTURE**	HOME INSTITUTION	CITY.....
PLACE of DESTI./ LOC. of ACTIVIT.	HOST INSTITUTION	CITY.....
TRAVEL DISTANCE***	Km	

*Please indicate period of travel from departure to return to place of origin
** If different from Home institution please enclose authorisation from the Agency
***Travel distance in Km (One-way travel using distance calculator: http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm) from place of departure to location of activities

(3) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):..... To (date):
KEYWORDS OF ACTIVITY(IES) PERFORMED (brief description of the activities performed)	
..... see page 1 and 4	

TRAVEL COSTS (Unit Costs, in EUR)

(1)

▪ Total sum of real travel costs (see page 2 No (5)):	(2)	.....
▪ Difference of travel costs Unit Costs and total sum of real travel costs → possible payment to traveler after successful project end	(1) – (2) = (3)	.....

(2)

COSTS OF STAY (Unit Costs, in EUR)

(4)

▪ Total sum of real Costs of Stay (see page 2 No (12)):	(5)	.....
▪ Difference of Costs of Stay Unit Costs and total sum of real Costs of Stay → possible payment to traveler after successful project end	(4) – (5) = (6)	.....

(5)

Total amount of outstanding reimbursement (EUR)

(3) + (6) = (7)

▪ Due to results of the final audit and due to the final financial balance, the amount had to be reduced by Euro	(8)	.....
Signature and seal financial officer of HTWK Leipzig, date	.....	Signature project grantholder, date

TOTAL AMOUNT → payment to traveler (EUR) (3) + (6) – (8) = (9)

Holder of bank account:

IBAN

BIC

Bank name

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities and got the above-mentioned reimbursement.

Date:.....

Signature:

ANNEX III - INDIVIDUAL TRAVEL ACTIVITY DESCRIPTION for travel costs and costs of stay*To be filled in by each participant**In case of circular/multiple travels, please fill in separate Individual Travel Reports.*

Ref. No... OP II,III /	Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering indicated in the financial statements in the final report	

*To be completed in **English or German** by each person benefiting from a grant for mobility. To be returned to the project **GRANTHOLDER INSTITUTION** together with the form for costs and all the original travel tickets via the local coordinator.*

DESCRIPTION OF ACTIVITY PERFORMED. CODE IN WORKPACKAGE TABLE:*Please give detailed answers to all the relevant questions.*

1.	What kind of preparation (for example language preparation) did you undergo, if any?
<p>.....</p> <p>.....</p>	
2.	What kind of activities did you perform during your stay?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
3.	What were the results of your activities (e.g. curriculum development and teaching materials) and how will the stay affect your activities at your home institution?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
4.	What kind of formal recognition did you receive at your home institution for the stay abroad, if any?
<p>.....</p> <p>.....</p>	
5.	How would you evaluate your stay (quality, suggestions, problems, etc.)?
<p>.....</p>	
6.	Do you intend to follow-up activities performed?
<p>.....</p>	

SIGNATURE OF THE TRAVELLER

Please date and sign here as proof of receipt.

Date :

Signature :