

Questions of Financial Management of OPATEL



**University of
Applied
Sciences**

K. Haenssgen

FIM

Questions of Financial Management of OPATEL

1. Financial budget

2. Problem: last installment (10% of means)

3. Subcontracting

4. Staff costs

5. Travel costs, costs of stay

1. Financial Budget

Direct costs		PLAN €	% USED
1	Staff costs	339.857,00	30 + !
2	Travel costs	126.020,00	40 + !
3	Costs of Stay	148.560,00	66 + !
4	Equipment	201.600,00	99,5 OK
5	Subcontracting	46.900,00	20 + !!!
Total Eligible Direct Costs		862.937,00	55 + !

TOTAL COSTS	949.230,70	
Cofinancing	86.293,70	8 + !!!

2. Problem: last installment (10% of means)

EACEA pays only 90% of the grant agreement,
the final 10%-installment will be paid after successful final report only
(e.g., up to 1 year after project end)

therefore: reimbursement is only possible after this EACEA payment

we have to decide, which invoices and costs have to be reimbursed now

payment necessary for external invoices and travel tickets

no payment for ~30% staff costs (due to joint decisions)

please, send all invoices and reports very urgently – 1 scan copy by email, original copy via local coordinator and postal services!

3. Subcontracting

only services/works non-available in consortium partners,

budget heading not for single partners, for the WHOLE consortium

up to now: used only 20%

→ total usable budget may be reduced

model of usage:

- contract between Grantholder and enterprise

delivered documents: contract + invoice

- contract between Partner institution and enterprise

delivered documents: - copy of contract + invoice

- proof of payment

- request of payment of Partner institution to Grantholder

- signed + sealed by legal representative

4. Staff costs

according to regularities on use of grant
provide to coordinator

- a. copy of employment contract with institution
- b. Staff Costs Convention for each person
- c. individual Staff Member Report on project activity & established results
- d. Time-sheets attached to each staff convention

signed Agreement on payment of staff costs

Management = management of the project, not of teaching”

signed by Legal represent. / LC / staff

JOINT DECLARATION
 REF. No OP I / Erasmus+ 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 INSTITUTION AND THE STAFF MEMBER HEREBY CERTIFY THAT:

1. The Institution is a member of the partnership for the above-mentioned project.
2. 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
3. The Institution and Staff member agree that the Staff member has worked on this project and performed

	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):

4. 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)	.....

5. This declaration does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and is 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 / Erasmus+ 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 costs

BETWEEN
 Hereinafter "the Institution"

AND Name:
 Address:
 Hereinafter "the Staff member "

THE FOLLOWING HAS BEEN AGREED:

1. The Staff member agrees, that he gets the staff costs payment concerning his work on project tasks due to the rules in Erasmus+ and performed the following duties during the project's eligibility period.

dd/mm/yy		dd/mm/yy		(No of days)
FROM	TO	Duration in days:		
.....	

Short list of outputs of performed works:

2. Please complete the following information.

Working days salary rate in EUR: EUR/day
 Total 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)	.....
Total cost (Erasmus+ grant and co-financing)	..... EUR
included co-financing – not paid via project funding	..... EUR

Account holder:

IBAN	Bank name
BIC	

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 normally employed. The Institution must be a member of the partnership.

JOINT DECLARATION
 REF. No OP I / Erasmus+ 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

transferred as following:

- a. First installment (30 %) until June 2016
- b. Second installment (20 %) in November 2016
- c. Third installment (20 %) in August 2017
- d. Balance (30 %) after successful evaluation of Final Report
after the coordinator was discharged
after final payment of the third project budget installment
not earlier than in November 2018.

Required:

supporting documents

proof of staff costs payment (transfer voucher)

5. Travel costs, costs of stay

according to regularities on use of grant

- 1) All travels (plane/train/bus/taxi ...) and subsistence (hotel) calculated/arranged by coordinator/author.member (CAM)
- 2) CAM has
 - to book flights and hotels as early as possible
 - to deliver all required information (passport info)
 - > 60 days before mobility to coordinator
- 3) coordinator calculates mobility costs
“travel costs” & “costs of stay”
In case of booking via coordinator: prefinancing of costs.
- 4) for covering occurred expenses:
 - coordinator hands over a part of overheads
 - incurred during the travel activity in cash or by bank transfer to the participants,
 - for covering real expenses and saving remaining later mobilities
- 5) All non-reported costs (> 60 days after activity end) cannot be regarded.

6) sum of all overheads until end divided through total number of travel days

- ineligible costs charged on his share
- remaining share transferred proportionally
- after
 - coordinator discharged by EACEA
 - final payment of 3. project budget installment
 - not earlier than in November 2018.

7) needed following documents to coordinator (< 30 days after mobility):

- boarding passes and tickets,
- Individual Travel Reports
- Individual Travel Costs Agreement
- Individual Travel Activity Description
- statement of visa fees.



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:

TYPE OF ACTIVITY (Tick as appropriate)

Table with 2 columns: STAFF and STUDENTS. Rows include Teaching/training assignment, Training and retraining purposes, Updating programmes and courses, Practical placements in companies, industries and institutions, Project management related meetings, and Workshops and visits for result dissemination purposes.

(2) DETAILS OF THE TRAVEL

Form with fields for PERIOD* (From/To dates), PLACE OF DEPARTURE** (HOME INSTITUTION, COUNTRY, City), PLACE OF DESTINATION/ LOCATION OF ACTIVITY (HOST INSTITUTION, COUNTRY, City), and 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

Form with fields for DATES (excluding travel) (From/To dates) and DESCRIPTION OF ACTIVITY(IES) PERFORMED (brief description of the activities performed).

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities.
Date: Signature:



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?
2. What kind of activities did you perform during your stay?
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?
4. What kind of formal recognition did you receive at your home institution for the stay abroad, if any?
5. How would you evaluate your stay (quality, suggestions, problems, etc.)?
6. Do you intend to follow-up activities performed?

SIGNATURE OF THE PARTICIPANT

Please date and sign here as proof of receipt.

Date : Signature :



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

(1) PERSONAL DATA

Surname: Forename:
Nationality:
Home institution:
Staff position/student year of study at home institution:

DETAILS OF THE TRAVEL

Table with columns: PERIOD*, From (Depart date) (dd/mm/yy), To (Return date) (dd/mm/yy). Rows include PLACE OF DEPARTURE** and PLACE OF DESTI./ LOC. OF ACTIVIT. with sub-rows for HOME INSTITUTION, COUNTRY, and City.

*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)

(2) DETAILS OF THE ACTIVITY

Table with columns: DATES (excluding travel), From (date), To (date). Includes KEYWORDS OF ACTIVITY(IES) PERFORMED and a note to see page 1 and 4.

TRAVEL COSTS (Unit Costs, in EUR) table with rows for advance payment, travel costs payment by traveler, and difference of real travel costs.

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

COSTS OF STAY (Unit Costs, in EUR) table with rows for advance payment, accommodation, daily allowance, and preliminary amount for reimbursement.

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:



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

(1) PERSONAL DATA

Surname: Forename:
Nationality:
Home institution:
Staff position/student year of study at home institution:

(2) DETAILS OF THE TRAVEL

Table with columns: PERIOD*, From (Depart date) (dd/mm/yy), To (Return date) (dd/mm/yy). Rows include PLACE OF DEPARTURE** and PLACE OF DESTI./ LOC. OF ACTIVIT. with sub-rows for HOME INSTITUTION, COUNTRY, and City.

*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)

(3) DETAILS OF THE ACTIVITY

Table with columns: DATES (excluding travel), From (date), To (date). Includes KEYWORDS OF ACTIVITY(IES) PERFORMED and a note to see page 1 and 4.

TRAVEL COSTS (Unit Costs, in EUR) table with rows for total sum of real travel costs and difference of travel costs.

COSTS OF STAY (Unit Costs, in EUR) table with rows for total sum of real Costs of Stay and difference of Costs of Stay.

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:

Table of travel tickets and invoices, name date

No	content/ticket/invoice	Price (€)
1	Flight invoice	.....
2	Train ticket	.....
3	Taxi	.....
4	.....	.....
5	.....	.....
6	.....	.....
7	.....	.....
9	.....	.....
8		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	total:	.....