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**Payment request**

**Estonian EU external border programme**

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| **1. Name of the Lead Beneficiary** |  |
| **2. Project number**  |
| **3. Project title** |  |
| **4. Total budget of the project** |  |
| **5. Grant amount** |  |

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| **6. Payment option as stipulated in the Grant Contract (mark with “X” the applicable option):** |  |
| **6.1 FOR CALLS OF PROPOSALS** |  |
| 1) 40% of the grant |  |
| 2) 40% of the forecast budget for the first 12 months of the grant |  |
| 3) Interim payment  |  |
| 4) Balance payment |  |
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| **6.2 FOR LIPs** |  |
| 1) 90% of the first year´s grant |  |
| 2) Interim payment (further pre-financing, reimbursement of preparation costs) |  |
| 3) Balance payment |  |

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| **7. Previously received financing in EUR, (if applicable)** |  |
| 1) For previous period |  |
| 2) In total |  |
| **8. Verified costs by public officers/controllers in EUR (if applicable)** |  |
| 1) For previous period |  |
| 2) In total  |  |

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| **9. Requested amount (in EUR)** |  |

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| **10. The payment should be made according to bank details shown in the Grant Contract and supplementary information in eMS.** |
| **11. I hereby certify that the information contained in this payment request is complete, faithful and reliable, that the costs incurred can be considered eligible in accordance with the Grant Contract and that this request for payment is substantiated by adequate supporting documents and information in eMS.** |

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| **12. Date**  |  |
| **13. Name** |  |
| **14. Signature**  |  |