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| **JITs FUNDING PROGRAMME REIMBURSEMENT CHECKLIST** |
| *This checklist will help you to complete a claim file and successfully receive reimbursement in a timely manner. Please provide the following supporting documents together with your completed Reimbursement Claim Form.* |

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| **TYPE OF COSTS** | **TYPE OF DOCUMENT** | **CHECK** |
| TRAVEL/ACCOMMODATION | | |
| Travel by plane and related accommodation costs | Flight booking or invoice or return boarding passes |  |
| Travel by train or ferry and related accommodation costs | Ticket or invoice for the train or ferry |  |
| Travel by car and related accommodation costs | Accommodation invoice |  |
| **OR** any set of documents allowing confirmation of the implementation of the actions and the following details: (1) location of the action, (2) means of transport, (3) duration and (4) number of participants. This list is not considered to be exhaustive. | |  |
|  | | |
| TRANSLATION/INTERPRETATION | | |
|  | Invoice, including information on: |  |
|  | * Invoiced amount |  |
|  | * Start and end date of service\* |  |
|  | * Source and target language |  |
|  | * VAT costs (if applicable)\*\* |  |
|  | If handwritten invoice: |  |
|  | * Proof of payment |  |
|  | | |
| TRANSFER OF ITEMS | | |
|  | Invoice, including information on: |  |
|  | * Invoiced amount |  |
|  | * Start and end date of service\* |  |
|  | * VAT costs (if applicable)\*\* |  |
|  | * Description of transferred items (if permitted to disclose)\* |  |
| SPECIALIST EXPERTISE | | |
|  | Invoice, including information on: |  |
|  | * Invoiced amount |  |
|  | * Type of expertise |  |
|  | * Start and end date of service\* |  |
|  | * VAT costs (if applicable)\*\* |  |
|  | If handwritten invoice: |  |
|  | * Proof of payment |  |
| LOW-VALUE EQUIPMENT |  |  |
|  | Invoice, including information on: |  |
|  | * Invoiced amount |  |
|  | * Type of equipment (e.g. hardware, software, licence(s)) |  |
|  | * Equipment’s specification and description |  |
|  | * Number of units and unit price |  |
|  | * Purchase and delivery date\* |  |
|  | * VAT costs (if applicable)\*\* |  |
|  | If hand written invoice: |  |
|  | * Proof of payment |  |

\* If not specified, please provide details/explanation in the Report on Funded Actions in the Reimbursement Claim Form.

\*\* If not specified, please indicate the amount without VAT in the Report on Funded Actions in the Reimbursement Claim Form, or indicate the VAT rate (%).