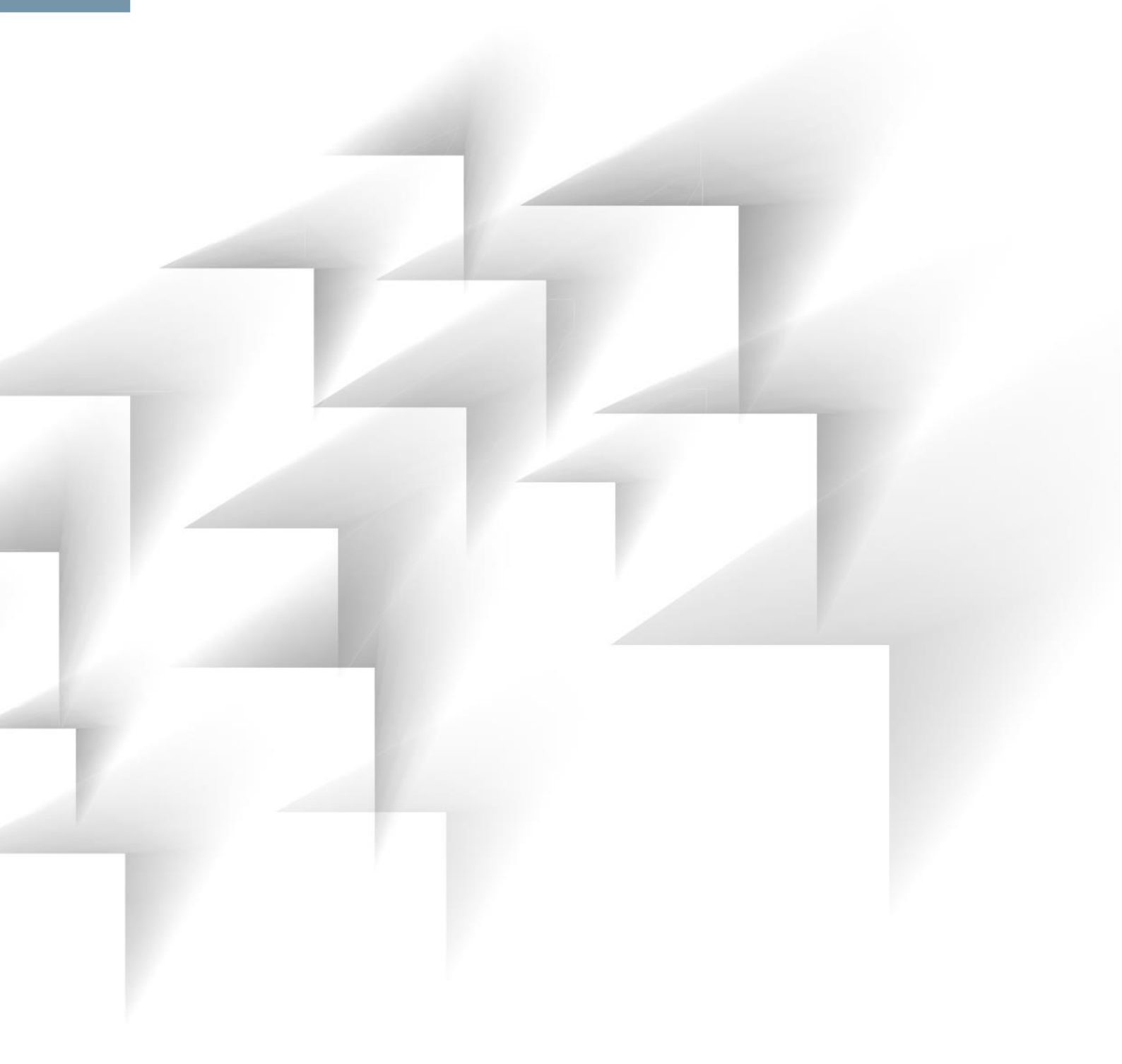# CONTROL REPORT
Version 2 (09.2016)

Offline version (for information purposes only)

1. Project and partner report:

Project title	Filled-in once *from AF (automatic in eMS)*
Project acronym	Filled-in once *from AF (automatic in eMS)*
Project index number	Filled-in once *from AF (automatic in eMS)*
Reporting period	*(DD.MM.YYYY – DD.MM.YYYY)*
Report Number	Pre-filled *(automatic in eMS)*

2. BENEFICIARY

Name of controlled beneficiary	Pre-filled from most recent AF *(automatic in **eMS**)*
Beneficiary's role in the project *(Lead partner, Project partner)*	Pre-filled from most recent AF *(automatic in **eMS**)*
Contact person *(name and email address)*	Pre filled from the most recent AF (automatic in **eMS**)
Project partner number	Pre-filled from most recent AF (automatic in **eMS**)

3. DESIGNATED BENEFICIARY'S NATIONAL CONTROLLER

Name of the national controller institution doing the verification	Pre-filled and updated if changed
Name of the designated national controller authorized to sign the control documents	
Job title	Pre-filled and updated if changed
Division/Unit/Department	Pre-filled and updated if changed
Address	Pre-filled and updated if changed
Telephone Number	Pre-filled and updated if changed
Email	Pre-filled and updated if changed

4. VERIFICATION

Description of the methodology	*Provide an overview of the control procedures. Describe the methodology used for the verification including an explanation of the nature of documents checked including a description of the procedure in place for avoiding double financing.*
Sampling of expenditure was applied (As a general rule, the controls should cover 100% of expenditure. Only in duly justified cases, sample check can be done applying a suitable and transparent methodology set-up at national level.)	☐ Yes ☐ No
(if yes) Sampling method used:	*Briefly describe the sampling methodology, the sample taken and the results of the check. When applying a sampling method, the controls must cover all budget lines and take into account all risk factors affecting the project. The method applied and the sample taken as well as the results must be documented carefully and in a transparent way. The methodology has to contain steps to be taken in case of detection of errors or non-eligible amounts in the sample (i.e. enlarging the sample of the affected budget line up to 100 % of the claimed expenditure).*
Place of check	☐ desk-based ☐ on-the-spot
(if on-the-spot) Date(s) of on-the-spot verification	*DD.MM.YYYY - DD.MM.YYYY*
(if on-the-spot) Location of on-the-spot verification	☐ premises of the beneficiary ☐ place of project output ☐ other
(if other) specify:	
(if on-the-spot) Focus of on-the-spot verification and observations	*e.g. accounting system, cost items, investments, etc.*
Date of receipt of the partner report (first submission)	*DD.MM.YYYY*
Start of control work	*DD.MM.YYYY*
Date(s) of requests for clarifications (if applicable)	*DD.MM.YYYY*
Date(s) of receipt of satisfactory clarifications (if applicable)	*DD.MM.YYYY*
End of control work	*DD.MM.YYYY*
Justification if the time lapse between the receipt of the partner report and the issuing of control documents is longer than 3 months	

5. A. EXPENDITURE DECLARED AND CERTIFIED PER BUDGET LINE

	Declared (A) (total amount declared)	Certified (B) (total amount certified)	Difference (C=A-B) (total ineligible amount deducted)	Certified in % of Declared [B/A]*100
Staff costs	EUR	EUR	EUR	*% Calculated automatically)*
Office and administrative expenditure	EUR	EUR	EUR	%
Travel and accommodation costs	EUR	EUR	EUR	%
External expertise and services costs	EUR	EUR	EUR	%
Equipment expenditure	EUR	EUR	EUR	%
Infrastructure and works expenditure	EUR	EUR	EUR	%
Total expenditure (a)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*% (Calculated automatically)*
(Net Revenue) (b)	*- EUR*	*- EUR*	*EUR*	*%*
Total eligible expenditure (a-b)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*% (Calculated automatically)*

5. B. EXPENDITURE DECLARED AND CERTIFIED BY WORK PACKAGES

	Declared (A) (total amount declared)	Certified (B) (total amount certified)	Difference (C=A-B) (total ineligible amount deducted)	Certified in % of Declared [B/A]*100
WP M	*EUR*	*EUR*	*EUR*	*% Calculated automatically)*
WPT1	*EUR*	*EUR*	*EUR*	*%*
WPT2	*EUR*	*EUR*	*EUR*	*%*
WPT3	*EUR*	*EUR*	*EUR*	*%*
WPT4	*EUR*	*EUR*	*EUR*	*%*
WP I	*EUR*	*EUR*	*EUR*	*%*
WP C	*EUR*	*EUR*	*EUR*	*%*
Total expenditure (a)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*% (Calculated automatically)*
(Net Revenue) (b)	*- EUR*	*- EUR*	*EUR*	*%*
Total eligible expenditure (a-b)	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*EUR (Calculated automatically)*	*% (Calculated automatically)*

Part of the expenditure was incurred for activities carried out in EU regions outside the programme area	☐ YES	☐ NO
(if yes) How much was certified?	*EUR*	

Part of the expenditure was incurred outside the EU territory	☐ YES	☐ NO
(if yes) How much was certified?	*EUR*	

6.A DESCRIPTION OF FINDINGS, OBSERVATIONS AND RESERVATIONS

☐ **n.a.** *A description of the types of errors found and a reasoning why it is an error. Also add: a clear specification of additional observations and reservations (if any), expressed about the eligibility of expenditure including the list of ineligible expenditure.*

6.B CONCLUSIONS, RECOMMENDATIONS AND FOLLOW UP FOR THE NEXT REPORTS

☐ **n.a.** *The conclusion takes into consideration the above-mentioned observations/reservations. It also describes the measures implemented to solve the errors detected and it eventually provides recommendations to avoid the repetition of the same types of errors in the future. Also, follow-up measures if any, to be implemented in the next progress report should be described in this section.*

6.C FOLLOW-UP OBSERVATIONS FROM PREVIOUS REPORTS

☐ **n.a.** *Follow-up measures implemented which were related to previous reports should be described in this section.*

CONTROLLER'S SIGNATURE

Place	
Date	
Name	*pre-filled in automatic systems*
Signature	

**Official stamp of the institution
(if applicable)**