#### **ANNEX II**

#### 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.

	dd/mm/yy		dd/mm/yy
FROM		то	

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 III - INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay

To be filled in by <u>each</u> participant

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

Ref. No	Project No
	sive numbering indicated in the financial statements in the final report

#### (1) PERSONAL DATA

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

STUDENTS

#### (2) <u>**TYPE OF ACTIVITY**</u> (*Tick as appropriate*)

#### STAFF

~	
Teaching/training assignment	Study period
Training and retraining purposes	Participation in intensive courses
Updating programmes and courses	Practical placements, internships in companies, industries or institutions
Practical placements in companies, industries and institutions	Participation in short term activities linked to the management of the project
Project management related meetings	-

Workshops and visits for result dissemination purposes

#### (3) DETAILS OF THE TRAVEL

PERIOD*	From (Depart date) ( <i>dd/mm/yy</i> )	To (Return date) (dd/mm/yy)
PERIOD*		
PLACE OF	HOME INSTITUTION	
DEPARTURE**	COUNTRY CI	ΓΥ
PLACE OF DESTINATION/	HOST INSTITUTION	
LOCATION OF ACTIVITY	COUNTRY CI	ΤΥ
TRAVEL DISTAN	CE*** 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 (<u>One-way travel</u> using distance calculator:<u>http://ec.europa.eu/programmes/erasmus-plus/tools/distance\_en.htm</u>) from place of departure to location of activities

## (4) DETAILS OF THE ACTIVITY

<b>DATES</b> (excluding travel)	From (date): To (date):			
<b>DESCRIPTION OF ACTIVITY(IES) PERFORMED</b> (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: .....

# 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 LET	ITERS and LATIN CHARACTERS when filling in the form.					
	BANKING DETAILS ①					
ACCOUNT NAME 2						
IBAN/ACCOUNT NUMI	BER ③					
CURRENCY						
BIC/SWIFT CODE	BRANCH CODE ④					
BANK NAME						
	ADDRESS OF BANK BRANCH					
STREET & NUMBER						
STREET & NUMBER						
TOWN/CITY	POSTCODE					
COUNTRY						
	ACCOUNT HOLDER'S DATA AS DECLARED TO THE BANK					
ACCOUNT HOLDER						
STREET & NUMBER						
STREET & NOWIDER						
TOWN/CITY	POSTCODE					
COUNTRY						
REMARK	REMARK					
BANK STAMP + SIGNA	TURE OF BANK REPRESENTATIVE (S) DATE (Obligatory)					
	SIGNATURE OF ACCOUNT HOLDER (Obligatory)					

- 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
JOI	NT DECL.	ARATION					
Ref.	No. OP I / The referen		st correspond to the progressive num		ect No. 573915-EPP- icated in the financial sta		
FRO	м		er "the Institution"*				
		fferenand	a memsutution				
ANI	)	Address: .					
			er "the Staff member"*				
THE	FOLLOWIN	NG HAS BEEN	AGREED:				
1. 2.	The Staff	member is ei	mber of the partnership for th ther: itution and is part of its payro				YES/NO
3.	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.						
		FROM		то			
	the accom	panying time	tputs produced (short overal e-sheet):	1 indicat	ion since detailed in	nformation ha	s to be given in
4.	Please con	nplete the fo	llowing 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)							
Insti the I	tution and Institution v	the Staff me vill charge to	alter in any way the employ mber and has been establish the <i>Erasmus+ Capacity Bui</i>	ed solely Iding in I	for the purpose of	justifying the rant.	Staff costs that

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

#### Erasmus+ KA2 project OPATEL 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 Agreement on payment of staff costs Hereinafter "the Institution"\* 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 то ..... .... 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 Total salary for above period in EUR ..... EUR/day ..... 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) ..... ..... EUR co-financing - not paid via project funding ..... EUR Total cost (Erasmus+ grant without co-financing) IBAN ..... BIC ..... Bank name 5. 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.....

Signature and Stamp of the Institution

Institution .....

BETWEEN

AND

1 2.

3

4.

\*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.

Staff member name.....

Signature of the Staff member

\*\* 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

#### 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

## Individual staff member report

<b>Reporting Period:</b>	from to
<b>Consortium Member:</b>	
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

PROJECT TIMESHEET				
Project nun	nber :	573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP		
Surname :				
First Name	:			
Institution :				
Country :				
Position :				
Staff Catego	ory <sup>1</sup> :			
Year	Month	Number of Days	Work Package	Description of tasks performed and outputs produced
	daure	-		
Total	days:	0		

<sup>1</sup> Please refer to Section 3.3.1.1 (Staff costs) of the Guidelines for the Use of the Grant. Time-sheets have to be attached to each Staff convention.

Signature of the staff member :

Signature of the person responsible in the institution (where the staff member is employed) :

#### ANNEX III - INDIVIDUAL TRAVEL REPORT 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. NoOP II,III /	Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP
The reference number must correspond to the progressive numbering	g indicated in the financial statements in the final report

#### (1) PERSONAL DATA

Forename:

STUDENTS

Sumame:	Forename:
Nationality:	
TT is the standard	

Home institution: Staff position/student year of study at home institution: .....

## (2) <u>TYPE OF ACTIVITY</u> (Tick as appropriate)

Workshops and visits for result dissemination purposes

#### STAFF

Teaching/training assignment
Training and retraining purposes
Updating programmes and courses
Practical placements in companies, industries and institutions
Project management related meetings

Study period Participation in intensive courses Practical placements, internships in companies, industries or institutions Participation in short term activities linked to the management of the project

#### (3) DETAILS OF THE TRAVEL

From (Depart date) (dd/mm/yy)	To (Return date) (dd/mm/yy)	
HOME INSTITUTION		
COUNTRY CITY		
HOST INSTITUTION		
COUNTRY CITY		
CE*** Km		
	(dd/mm/yy) HOME INSTITUTION	

\*\* If different from Home institution please enclose authorisation from the Agency

\*\*\* Travel distance in Km (<u>One-way travel</u> using distance calculator:<u>http://ec.europa.eu/programmes/erasmus-plus/tools/distance</u> from place of departure to location of activities

#### (4) DETAILS OF THE ACTIVITY

DATES (excluding travel)	From (date):To (date):			
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: .....

#### ANNEX III - INDIVIDUAL TRAVEL COSTS AGREEMENT for travel costs and costs of stay page 2

To be filled in by each participant In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Project No. 573915-EPP-1-2016-1-DE-EPPKA2-CBHE-JP Ref. No...OP II,III / ..... 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*		oart date) (dd/mm/yy)	To (Return date) ( <i>dd/mm/yy</i> )
PLACE OF	HOME INSTITUTION		
DEPARTURE**	COUNTRY CITY		
PLACEofDESTI./	HOST INSTITUTION		
LOC.ofACTIVIT.	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 (<u>One-way travel</u> using distance calculator: <u>http://ec.europa.eu/programmes/erasmus-plus/tools/distance\_en.htm</u>) from place of departure to location of activities

#### (3) DETAILS OF THE ACTIVITY

	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)	
<ul> <li>travel costs payment in advance by HTWK (e.g. on invoice directly to travel agency).</li> </ul>	(2)	
travel costs payment by traveller (e.g. tickets, invoices,):	(3)	
<ul> <li>difference of real travel costs and advanced payment for reimbursement to participal payment to traveler</li> </ul>	nt → (4)	

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

COSTS OF STAY (Unit Costs, in EUR)	(6)	
Costs of Stay payment in advance by HTWK:	(7)	
invoice for accommodation in advance by HTWK:	(8)	
<ul> <li>Daily allowance payment for traveller (n x 30€):</li> </ul>	(9)	
<ul> <li>accommodation invoice payment by traveller:</li> </ul>	(10)	
preliminary amount for Costs of Stay for reimbursement	traveller	
. (9)	+ (10) = (11)	•••••

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

<b>TOTAL AMOUNT</b> $\rightarrow$ payment to traveler (EUR)		(4)+(11) = (13)	
Holder of bank account:			
IBANBIG	S	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 3

To be filled in by <u>each</u> participant In case of circular/multiple travels, please fill in separate Individual Travel Reports.

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

#### (1) PERSONAL DATA

Nationality:

.....

Home institution:

Staff position/student year of study at home institution:

#### (2) DETAILS OF THE TRAVEL

			To (Return date) ( <i>dd/mm/yy</i> )
PERIOD*			
PLACE OF	HOME INSTITUTION		
DEPARTURE**	COUNTRYCITY.		ГҮ
PLACEofDESTI./	HOST INSTITUTION		
LOC.ofACTIVIT.	COUNTRY	CI	ГҮ
TRAVEL DISTANC	CE*** 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 (<u>One-way travel</u> using distance calculator:<u>http://ec.europa.eu/programmes/erasmus-plus/tools/distance\_en.htm</u>) from place of departure to location of activities

#### (3) DETAILS OF THE ACTIVITY

	From (date): To (date):
KEYWORDS OF ACTIV	TY(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)	
<ul> <li>Difference of travel costs Unit Costs and total sum of real travel costs → possible</li> </ul>	e	
payment to traveler after successful project end $(1) - (2) = (1)$	3)	

COSTS OF STAY (Unit Costs. in EUR)	(4)	
<ul> <li>Total sum of real Costs of Stay (see page 2 No (12)):</li> </ul>	(5)	
<ul> <li>Difference of Costs of Stay Unit Costs and total sum of real Costs of possible payment to traveler after successful project end</li> </ul>	of Stay → (4) - (5) = (6)	
Total amount of outstanding reimbursement (EUR)	(3) + (6) = (7)	

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

TOTAL AMOUNT $\rightarrow$ payment to	traveler (EUR) (3)	+ (6) - (8) = (9)	
Holder of bank account:			
IBANBIC	·	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 <u>each</u> participant

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

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

To be completed in **English or German** by <u>each</u> person benefiting from a grant for mobility. To be <u>returned</u> 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?
<ol><li>How would you evaluate your stay (quality, suggestions, problems, etc.)?</li></ol>
6. Do you intend to follow-up activities performed?

SIGNATURE OF THE TRAVELLER

Please date and sign here as proof of receipt.

Date :

Signature : ....