**INTERREG VI-A IPA**

**HUNGARY-SERBIA PROGRAMME**

****PERIODIC STAFF REPORT****

|  |  |
| --- | --- |
| **General information** | |
| Project ID |  |
| Project acronym |  |
| Project partner name |  |

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| --- | --- | --- | --- |
| **Personal and contract data** | | | |
| Name of employee: |  | | |
| Role in the project |  | | |
| **Works in project full time:**  *(according to point 4.2.1 Full-time employment section of article 4.2. Staff costs planned as real costs of the* ***Eligibility of expenditures****)* | | |  |
| Works in project part-time capacity - monthly %  *(according to point 4.2.2 Part-time employment with fixed percentage of time per month dedicated to the project section of article 4.2. Staff costs planned as real costs of the* ***Eligibility of expenditures****)*  Please, add the percentage given in the official working/employee contract that relates to the role and tasks assigned within the project. | | | (\_\_ %) |
| Takes part in other EU or nationally funded projects: | | YES  NO | |
| If YES, please name the projects and programmes of the projects and percentage of working time assigned for the given project(s). | |  | |

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| **Periodical report** | | | | |
| Number of the periodical staff report: | | | |  |
| Start date: | | | | **dd.mm.yyyy** |
| End date: | | | | **dd.mm.yyyy** |
| Please, list the outputs (research reports, event documentation, etc) produced during the given period | | | | |
| Description of outputs (at least 1000 characters)  Please, also list which exact project activity that the employee has contributed to and please name the indicator to which the activities have contributed to below: | | | | |
| Project activities and indicators to which the employee has contributed to are as follows: | | | | |
| Activity ID/ Number | Name of activity | Indicator ID | Name of indicators | |
| [5.1] |  | [RCR..] |  | |
|  |  |  |  | |

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| --- | --- | --- | --- |
| Missions/travel during the given period: | | | |
| Destination | Start date  [dd.mm.yyyy] | End date  [dd.mm.yyyy] | Justification of mission/travel |
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|  |  |  |  |

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of employer/supervisor