Please read carefully all comments and instructions (in the "Instructions" sheet)												
FINANCIAL SETTLEMENT (for projects over €10,000)												
			of the Grantee:]			
	Rank		account No.: code (CZK, HUF, PLN, EUR,):									
	Da im		roject No.									
VAT payer:				Click the button if you are a registered VAT payer.								
1.	2.	3.	4.	5.	6.		7.		8.	9.		
Transa	Transaction date dd.mm.yyyy	Original number of document	Name of the supplier (or recipient of payment)	Cost description	VAT compensa tion from the FUND:	Paid amount		Amount covered by IVF	egory *(;)*			
ction No.						excluding VAT	VAT	Total	(in bank account currency)	Cost category: (1-12)*		
1.					NO					CLICK HERE TO CHOOSE		
2.					NO					CLICK HERE TO CHOOSE		
3.					NO					CLICK HERE TO CHOOSE		
4.					NO					CLICK HERE TO CHOOSE		
5.					NO					CLICK HERE TO CHOOSE		
6.					NO					CLICK HERE TO CHOOSE		
7.					NO					CLICK HERE TO CHOOSE		
8.					NO					CLICK HERE TO CHOOSE		
9.					NO					CLICK HERE TO CHOOSE		
10.					NO					CLICK HERE TO CHOOSE		
11.					NO					CLICK HERE TO CHOOSE		
TOTAL 0,00 0,00 X									0,00			
TOTAL IN €									#######################################			
Prepared by (name): Tel.:												

Date:		Exchange rate:	
Signature:	E-mail:	Please enter the valid exchange rate into cell "J27" (i	"J27" (if applicable

Name of the statutory representative:

Signature: