

**ILGE Scientific and Financial report (version 1.0 - 30/10/2023)**

| **ILGE Access Program:** ☐ **TNA** ☐ **NOA**  **ILGE Call:** ☐ **1st** ☐ **2nd** |
| --- |

**USER:**

| **Name & Last name:** | **Email:** |
| --- | --- |

**USER Employing organization/Home institution**

| **Name:**  **Country:** |
| --- |

**TNA/NOA host institution and facility:**

| Institution: |
| --- |
| Facility: |

**TNA/NOA Project**

| **ID:**  **Project Acronym:**  **Project title:** |
| --- |

| **Scientific Report Summary** (plain text, no figures, no references, maximum 250 words) |
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|  |

| **Full Scientific Report on the outcome of your TNA/NOA access** (Max. 4000 characters including space - approx. 1 page of text plus max 2 figures) |
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|  |

| **Publications planned** (include data publications, conference abstracts, reports or any other published product, including list of authors and journal/conference to which you intend to submit) (plain text, no figures, maximum 250 words) |
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| ●  ●  ●  ●  ●  ● |

| **Breakdown of time for TNA/NOA project**. This information must align with the Access Agreement unless unexpected problems occurred (to be detailed in the appropriate section). | | |
| --- | --- | --- |
| **Type of access** | ☐ Physical Access ☐ Remote Service | |
| **Physical access: Travel dates to and from the facility for TNA/NOA access**    **Remote service: Dates of samples expedition to Facility** | Arrival:  dd/mm/yyyy    Samples sent:  dd/mm/yyyy | Departure:  dd/mm/yyyy    Samples arrived:  dd/mm/yyyy |
| **Access dates at facility(exact days for physical access, period of activity for Remote service projects).** | TNA/NOA project started:  dd/mm/yyyy | TNA/NOA project ended:  dd/mm/yyyy |
| **Number of access days spent at the facility (for physical access) / number of service days (for remote service)** |  | |
| **Short description of facility daily use** | Describe the overall daily analytical activities carried out at the facility | |
| **Deviation from workplan (i.e. variations with respect to the Access agreement)** | Describe the problem that occurred and the solution adopted (e.g., equipment down, samples need to be re-polished, more days required,.etc..) | |

| **User Signature** | **Date** | |
| --- | --- | --- |
|  |  | |

| **Host Facility approval.** The host facility is required to approve the report agreeing it is an accurate account of the research performed. | | |
| --- | --- | --- |
| Facility Manager Signature | Date | |

| EXCITE TNA EXPENSES REPORT  EXCITE – WP5 TNA management |
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| **FINANCIAL REPORT:** |

| **USER NAME** | **TNA/NOA PROJECT ID** | **TRAVEL DATES** |
| --- | --- | --- |
|  |  | dd/mm/yyyy –  dd/mm/yyyy |

**Detailed description of the expenses\*1**

| **Date** | **Reason for expenditure** | **type of expenditure** | **Euro** | **Other Currency** |
| --- | --- | --- | --- | --- |
| **do not exceed the limits allowed by the host facility** | |
|  | *e.g., plane ticket* | travel | xx,xx € |  |
|  | *e.g., accommodation for 5 nights* | accommodation | xx,xx € |  |
|  | *e.g., food day 1* | subsistence | xx,xx € |  |
|  | *e.g., food day 2* | subsistence | xx,xx € |  |
|  | *e.g., Sample shipment* | shipment | xx,xx € |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | TOTAL | xx,xx  **€** |  |

*\**1 *Please**list here all the expenses to reimburse. These must be documented by proof of payment ( invoices/receipts, boarding passes), as requested by the host institution. The following expenses are eligible to be refunded:*

● *Travel expenses up to a maximum of €200 for NOA projects, €400 for TNA users from EU#+EFTA$ countries and €1000 for TNA users from all other countries.*

● *Accommodation and Subsistence expenses upon submission of the proofs of payments (invoice, receipts) or alternatively as a daily allowance with a maximum of €150/day.*

● *Sample shipment up to €100 per Remote Access project.* *An additional €100 may be refunded to the facility to return samples to the user(s).*

*# = EU + countries associated with Horizon 2020 (Albania, Armenia, Bosnia and Herzegovina, Faroe Islands, Georgia, Iceland, Israel, Kosovo, Morocco, Moldova, Montenegro, North Macedonia, Norway, Serbia, Tunisia, Turkey, Ukraine, United Kingdom).*

*$ = member states of European Free Trade Association (Iceland, Liechtenstein, Norway and Switzerland).*

**Daily allowance, Per Diem\*2**

| **Number of days** | **Allowance per diem (as indicated by the host institution)** | **Total daily allowance (Euro)** |
| --- | --- | --- |
| Click here to type | xx,xx  **€** | xx,xx **€** |

*\**2*Per diem cover both accommodation and subsistence costs. If this option is chosen by the host institution, accommodation and subsistence costs should not be listed in the table ‘Detailed description of the expenses’. The day count begins upon arrival at the facility location and includes up to one day before the access period and after the access period, if an overnight stay is necessary. The exact per diems amount may be subject to re-calculation after the trip according to the financial rules applied by the host facility.*

**PLEASE NOTE: Different refunding limits/rules may apply depending on the host institution you are visiting. Please, check carefully with the Facility manager what limits and rules apply to you before filling this form.**

**I hereby declare that the information given here is accurate and confirm submission of certifying documents.**

| | **User Name** |  | | --- | --- | | **User Signature** |  | | **Date** |  |      | **Host Facility approval.** The host facility is required to approve the report agreeing it is an accurate account of the research performed. | | | | --- | --- | --- | | Facility Manager Signature | Date | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**This form must be signed and uploaded as PDF no later than one month after the end of the TNA/NOA period via the submission form at the following link:**[**https://docs.google.com/forms/d/e/1FAIpQLSfn0GJ2VGcLIDBvCQrv3P8wy8xUC8wSX73FXEESNOeBfANQxg/viewform?usp=sf\_link**](https://docs.google.com/forms/d/e/1FAIpQLSfn0GJ2VGcLIDBvCQrv3P8wy8xUC8wSX73FXEESNOeBfANQxg/viewform?usp=sf_link)

**You are reminded to always check the ILGE documents webpage for the latest versions of all documents and forms.**