

Ref. No.....

Tempus 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 Service Provider"

THE FOLLOWING HAS BEEN AGREED:

1. The Institution is a member of the partnership for the above-mentioned project
2. The Institution and Service Provider agree that the Service Provider shall work on this project and perform the following duties during the project's eligibility period

FROM	<i>dd/mm/yy</i>	TO	<i>dd/mm/yy</i>	Duration in days:	<i>(No of days)</i>
Duties (see Annex 3):					
	Manager				
	Researcher, Teacher, Trainer				
	Technical staff				
	Administrative staff				

Please describe the specific duties:

.....
.....
.....

3. Under no circumstances may salaries and fees exceed local rates of the home country. Fees and salaries should be calculated on the basis of the task performed and not on the status of the person.
4. The cost to be borne by the Tempus grant and/or co-financed is calculated as follows:

Number of days devoted to the project	No of days	
Gross salary/fee per day in EUR (see rates in Annex 3)	EUR	
Total cost (Tempus grant and co-financing)	EUR	
Please indicate in the corresponding financial statement the amount paid by Tempus and the amount that was co-financed.		

5. This agreement does not alter in any way the employment conditions already existing between the Institution and the Service Provider and has been established solely for the purpose of justifying the Staff costs that the Institution will pay from the Tempus grant or will co-finance.

Done in on

Institution..... Service Provider.....

Signature and Stamp of the Institution

* The conventions must be signed by the person concerned, then signed and stamped by the person responsible in the institution where this person is normally employed.

INDIVIDUAL MOBILITY REPORT for travel costs and costs of stay**Annex 2****Ref. No.....Tempus Project No.**

The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

*To be completed by each recipient of a mobility grant (Tempus grant and co-financing).**To be returned to the co-ordinator together with readable copies of all travel tickets, boarding passes and other supporting documents.***PERSONAL DATA**

Surname: Forename:

Gender: Nationality:

Home institution:

Staff position/student year of study at home institution:

Host institution(s):

TYPE OF ACTIVITY FOR WHICH GRANT WAS RECEIVED*Tick as appropriate. If activities were combined, please list them in order of priority***STAFF**

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Teaching/training assignment of staff |
| <input type="checkbox"/> | Retraining/update activity for staff |
| <input type="checkbox"/> | Practical placement |
| <input type="checkbox"/> | Development of academic activities |
| <input type="checkbox"/> | Short visit for coordination, planning and quality control |
| <input type="checkbox"/> | Short intensive course |
| <input type="checkbox"/> | Dissemination visit |

STUDENTS

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Study period |
| <input type="checkbox"/> | Practical placement |
| <input type="checkbox"/> | Short intensive course |
| <input type="checkbox"/> | Student representation |

TRAVEL COSTS AND COSTS OF STAY (Tempus grant and co-financing)Amount in EUR

▪ Costs of Stay (amount received by the recipient of the mobility grant)	
▪ Travel Costs	
▪ TOTAL TRAVEL AND COSTS OF STAY (Tempus grant and co-financing) Please specify in the financial tables in the Final Report the amount declared paid by Tempus and/or co-financed.	

PERIOD SPENT ABROAD:

(dd/mm/yy) (dd/mm/yy) (no. of days)

From:		To:		Duration in days:	
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DESCRIPTION OF ACTIVITY PERFORMED*Please give a brief description of the activities performed during the mobility.***SIGNATURE OF THE RECIPIENT***(date and sign here as proof of receipt)***I hereby declare that I have been reimbursed for the above-mentioned mobility.**

Date:

Signature: