**Internal costs sheet A** **

**Financial Aid Scheme for ERTMS Onboard Implementation**

**Payment Request**

*Please submit the completed Payment Request including supporting documentation electronically to EHF address “917 082 308 Bane Nor SF”, copy to* *ertmsaid@banenor.no* *and Payment Request must be sent as a regular invoice with template attached. Or submit it to:*

Bane NOR SF
Regnskap
Postboks 4350
2308 Hamar
Norge

|  |
| --- |
| *Bane NOR internal information* |
| *Cost centre**37400* | *Project no**81100232* | *Subproject**ERTMS Onboard / FAS* | *Reference**Bodil Erring* |

# Beneficiary

|  |  |
| --- | --- |
| Rail Vehicle Owner (RVO) | Bane NOR Case number |
|  |  |
| RVO project manager | E-mail |
|  |  |
| P.O Box, street number | Telephone |
|  |  |
| Postal code | Postal district | Country |
|  |  |  |
| Bank | Swift | IBAN |
|  |  |  |
| Payment Request number | Payment Request date | Period start date | Period end date |
|  |  |  |  |

# Summary

| Description | Aid to ERTMS Onboard Contract costs*(NOK)* | Aid to Other Eligible Costs*(NOK)* | Total Aid*(NOK)* |
| --- | --- | --- | --- |
| Granted base amount (price level 2016, according to Definitive Grant Letter) |  |  |  |
| Received aid amount up-to-date |  |  |  |
| Remaining aid amount before this request(incl. index adjustments) |  |  |  |
| **Requested aid amount**(this request, specified below) |  |  |  |
| Remaining aid amount after this request |  |  |  |

# Payment request specification

## ERTMS Onboard Contract costs

*Copies of all invoices must be enclosed.*

*All amounts shall be exclusive of Value Added Tax (VAT).*

*Press TAB in the last cell if more lines are needed*

| Supplier | Invoice no. | Specification | Date paid | Amount & currency | Exch. rate to NOK | Amount in NOK |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Total paid ERTMS Onboard Contract costs *(NOK)* |  |
| Requested aid amount (50 %, up to remaining aid amount) |  |

## Other eligible costs

### Other contracted costs

*Copies of all invoices must be enclosed.*

*All amounts shall be exclusive of Value Added Tax (VAT).*

*Press TAB in the last cell if more lines are needed*

| Supplier | Invoice no. | Specification | Date paid | Amount & currency | Exch. rate to NOK | Amount in NOK |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| Total paid other contracted costs *(NOK)* |  |
| Requested aid amount (50 %, up to remaining aid amount) |  |

### Internal Costs sheet A

*We have two templates, A and B, for Internal Costs:*

*Internal costs template A is an extract of template B with only the total hours and amount charged for the period. Template A must be sent to Bane NOR.*

*Internal costs template B is the detailed internal cost time sheet and must be verified by enclosing time sheets approved by an accountant for the actual persons and period. The template B must be kept by Beneficiary and shall not be sent if not specifically requested by Bane NOR. Bane NOR can, at any time, request access and documentation in case of an audit.*

*Costs in foreign currencies shall be converted to NOK by the beneficiary, using the latest exchange rate published by Norges Bank.*

*For explanations, see below.*

Internal currency: Exchange rate to NOK:

Internal working hours

*Press TAB in the last cell if more lines are needed*

| Period *(Month/Year)* | Annual productive hours | Hourly rate*(NOK)* | Actual hours worked on the project during period | Amount charged to the project*(NOK)* |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| December 2018 *(example, please delete)* | 1700 | 441 | 325 | 143 325 |
| February 2019 *(example, please delete)* | 1700 | 580 | 100 | 58 000 |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Total internal work cost *(NOK)* |  |
| Requested aid amount (50 %, up to remaining aid amount) |  |

*Explanations to table “Internal working hours”*

|  |  |
| --- | --- |
| Gross annual pay | Gross salary, overtime, 13th month, bonus, holiday allowance |
| Employer's annual contribution | Social insurance charges, pension funding, other insurances |
| Annual productive hours | The beneficiary may choose among 3 options:1. {annual workable hours of the person} plus {overtime worked} minus {absences}
2. the standard number of annual hours generally applied by the beneficiary for its personnel in accordance with its usual cost accounting practices
3. 1 720 hours for persons working full time (or corresponding pro-rata for persons not working full time).
 |
| Annual workable hours | The period during which the personnel must be working at the employer’s disposal |
| Absences | E.g. trainings, sick leave and special leave |

Other internal costs

| Specification | Cost *(NOK)* |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Total other internal cost: |  |

Total internal costs

|  |  |
| --- | --- |
| Total internal eligible cost: |  |
| Requested aid amount (50 %, up to remaining aid amount) |  |

## Summary of requested aid

*(NOK)*

|  |  |
| --- | --- |
| 3.1 Aid to ERTMS Onboard Contract costs |  |
| 3.2 Aid to other eligible costs |  |
|  3.2.1 Contracted eligible costs |  |
|  3.2.2 Internal eligible costs |  |
|  Total aid to other eligible costs |  |
| **TOTAL REQUESTED AID** |  |

# Declaration by the Beneficiary

The Beneficiary declares that:

1. All Costs declared in this Payment Request are incurred in the ERTMS Onboard project and are necessary for its implementation.
2. All Costs declared in this Payment Request meet the eligibility requirements set out in the FAS Guideline and in the Definitive Grant Letter.
3. All Costs for personnel declared in this Payment Request only include Pay and Employer’s contribution (see explanation above).

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Title: |  |
| Signature: |  |