**Internal Costs sheet B**

**Financial Aid Scheme for ERTMS Onboard Implementation  
Payment Request**

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

*Internal costs sheet B must be verified by enclosing time sheets approved by an accountant for the actual persons and period. The time sheet B must be kept by Beneficiary, and BaneNOR can, at any time, request access in case of an audit.* Total number of actual hours worked, and amount charged *sheet A must match sheet B.*

# 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 |
|  | |  |  |  |

# Internal Costs sheet B

*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*

| Name | ID number | Gross annual pay *(NOK)* | Employer's annual contribution *(NOK)* | Total annual costs *(NOK)* | Annual productive hours | Hourly rate *(NOK)* | Actual hours worked on the project during period | Amount charged to the project *(NOK)* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *(a)* | *(b)* | *(c=a+b)* | *(d)* | *(e=c/d)* | *(f)* | *(g=e\*f)* |
| NN (*example*) | 12345678901234 | 600 000 | 150 000 | 750 000 | 1 700 | 441 | 325 | 143 325 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

# 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: |  |

*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 |