

Schedule for Spending Forecast and Reimbursement Claims for Full Application Form

| | LB | PB2 | PB3 | PB4 | ... | PB8 | Reimbursement Claims (RC) |
|--|----|-----|-----|-----|-----|-----|---------------------------|
| Period ¹ 1 - <Month> | | | | | | | |
| Period 2 - <Month> | | | | | | | |
| Period 3 - <Month> | | | | | | | |
| | | | | | | | |
| Total of spent amounts at half of the implementation period ² | | | | | | | |
| | | | | | | | |
| Period n (n is the last period of implementation) - <Month> | | | | | | | |

Each partner (including Lead Beneficiary) will fill in the amounts estimated to be requested for first level control verification.

Filling in the grey cells is mandatory for each partner, those amounts cannot be changed throughout the project lifetime (decommitment at project level analysis is based on those amounts). Please correlate those figures with the planning of activities from the application form.

¹ Period=4 months

²See Art. 6.9 of Partnership Agreement; If the half of the implementation period does not coincide with the end of a reporting period, the end date of that reporting period will be considered the deadline;