# template

# PROTOCOL ON THE AUDIT OF THE INTERIM/ANNUAL/FINAL REPORT[[1]](#footnote-1) ON THE IMPLEMENTATION OF PROJECT NO. ……., CONTRACT NO. ……..

## GENERAL DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and address of the Project promoter | |  | | | |
| Project contract | | *Please specify the number of the Contract, date of signature of the Contract and annex thereto.* | | | |
| Project value | Total project value |  | | | |
| Eligible expenditures according to the Contract |  | | | |
| Grant amount |  | | | |
| Own contribution of the Project Promoter |  | | | |
| Reporting period | | from |  | until |  |
| Name and address of the audit firm and basis of the audit | |  | | | |
| Date of the audit | | from |  | until |  |

## AUDIT OF THE FINANCIAL PART OF THE REPORT

*Please formulate conclusions and potential comments of the statutory auditor concerning the financial part of the report and the validation of the expenditures incurred. The data*   
*included in the report are to be verified against the current task budget.*

## IMPLEMENTATION OF THE PROJECT BUDGET

The implementation of individual categories of the project budget as of[[2]](#footnote-2) ………….. is as follows:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Category of expenditures** | **Eligible expenditures [PLN]** | | | **Expenditures covered from the grant [PLN]** | | | **% of the grant used** |
| **Amount planned in the project budget** | **Amount incurred**  **during the reporting period** | **Amount incurred**  **from the beginning of the project implementation** | **Amount planned in the project budget** | **Amount incurred**  **during the reporting period** | **Amount incurred**  **from the beginning of the project implementation** |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9 [8/6]* |
| 1 | *Please list all items mentioned in the task budget.* |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |
| **Total** | |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Amount of the expenditures covered from the grant during the reporting period |  |
| Own contribution |  |
| **Total** |  |

**Own contribution of the recipient of the grant**

*Please provide information on the own contribution made during the reporting period (percentage of the contribution made), please provide information in the final report on whether the planned own contribution was made in the amount determined in the grant contract.*

## RECOMMENDATON OF THE STATUTORY AUDITOR

*Suggested wording of the recommendations of the statutory auditor:*

*On the basis of the audit, the statutory auditor recommends the report to be approved without reservations. The table below presents the financial settlement of the expenditures incurred under the Project.*

*The statutory auditor confirms that the amount of expenditures reported for settlement in the report is consistent with the source documents (invoices, receipts, contracts) and documents confirming payments (bank transfers). The expenditures were correctly classified as current and capital expenditures.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule** | | **Amount financed from the grant in PLN** | **Own contribution in PLN** | **Total**  **in PLN** |
| **Amount according to the contract** | |  |  |  |
| A | Amount of expenditures reported for settlement |  |  |  |
| B | Amount of the eligible expenditures, |  |  |  |
| including current expenditures |  |  |  |
| including capital expenditures |  |  |  |
| C | Ineligible expenditures (A-B) |  |  |  |
| D | Amount of the following instalment of the grant according to the Contract |  | | |

## INELIGIBLE EXPENDITURES

*Please specify whether any ineligible expenditures were identified in the Project.*

*Suggested wording in case no ineligible expenditures were identified:*

*On the basis of the audit, the statutory auditor did not identify any ineligible expenditures during the period covered by the audited report.*

## POST-AUDIT RECOMMENDATIONS

*Please formulate any recommendations concerning the further performance of the task.*

|  |  |  |
| --- | --- | --- |
| Statutory auditor carrying out the audit:  ***Name and surname***, acting based on the entry in the register of statutory auditors under number ...... |  | *Signature* |

*Place and date ..........................*

1. Please specify the type of the report. [↑](#footnote-ref-1)
2. Please specify the last day of the reporting period. [↑](#footnote-ref-2)