

6) TEMPLATES

TEMPLATE no. 1**Request of balance payment****[To be issued by main beneficiary only]****(Printed on main beneficiary's letter headed paper)**

European Commission
 Executive Agency for Health and Consumers (EAHC)
 To the attention of Mr. Luc Briol, Director
 L-2920 LUXEMBOURG

Date: *dd-mm-yy*
 Place: *place*

Object: **Request of Balance Payment**
 Project Acronym: *XXXXXXXXXXXXXX*
 Grant agreement number: *200X XXX*

Dear Mr Briol,

With reference to aforementioned grant agreement and in accordance of the terms of the contract, we hereby request the balance payment of EUR *XXX.XXX,XX*.

We confirm that any reports, deliverables and other documents drawn up in accordance with the relevant provisions of the grant agreement have been submitted to the Executive Agency or are annexed to this document.

In addition we hereby certify that the total amount of bank interests or equivalent benefits yielded on pre-financing payments made by the Executive Agency is equal to *[zero]* or *[insert amount in euro]*. *[Relevant information justifying the amount is annexed to this document]*;

You will find in annexes the reports and other documents drawn up in accordance with the relevant provisions of the grant agreement and the individual certificate of costs duly issued by all partners.

With kind regards,

Name of signatory: *Xxxx Xxxx*
 Function of signatory: *Xxxx (Authorised representative)*

Signature: _____