**BILATERAL FUND**

**PRIOR APPROVAL APPLICATION**

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|  |
| 1. Name of the applicant for reimbursement................................................................................................................................................................................... |
| 2. Name of the organisation: ...................................................................................................................................................................................(full name and type of the applicant organisation) |
| 3. VAT number:  |
| 4. Contact address and e-mail:  |
| 5. Phone number: |
| 6. Amount for approval (in euro):  |

**I hereby certify that all the information in this document, including its annex, is accurate and complete.**

Date: …………………………………… Signature/stamp: …………………………………………

**This form, together with annex 1, is to be filled in, printed, signed and sent to the PO.**

*For more information, please contact us:* *tz.guerdjikova@mon.bg**,* *m.valova@mon.bg* *and* *m.teodorova@mon.bg*

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| **PROGRAMME OPERATOR’S SECTION** |

 |
|   Decision of the PO: Approved |
|  |
|  |
|  Not approvedJustification:………………………………………………………………………………………… |

**ANNEX 1 – Aim of the visit**

**Visiting person and position in the organisation:**

**Name of the organisation:**

**Place and purpose of the visit:**

**Expected outcomes of the visit:**

**Contact details of visited partners:**

**Travel details:**

1. **Period (from date….....-to date……..):**
2. **Number of days:**
3. **Transport type:**

**Planned amounts:**

1. **Daily allowance (total):**
2. **Accommodation (total):**
3. **Total amount for transport(total):**

**Total:**

**ATTENTION:** Maximum amount of expenditures must not exceed 3000 euro per person**.**

**SIGNATURE:**