**Individual report**

**Project Acronym and reference number**

**ENI CBC MEDITERRANEAN SEA BASIN PROGRAMME 2014-2020**

### INDIVIDUAL EXPENDITURE AND REVENUE VERIFICATION REPORT

Place and date

To <Name of the Lead Beneficiary / project partner institution, represented by <Name of the legal representative>, < Position>

<Address>

Dear <Name of the legal representative>,

In accordance with the contract number ………………………. <reference of the audit service contract) we provide our Expenditure Verification Report (‘the Report’), with respect to the accompanying Individual Financial Report for the period covering <dd Month yyyy — dd Month yyyy> (Annex 1 of this Report) in connection with the Grant Contract <title and number of the contract>, the ‘Grant Contract’.

**Objective**

Our engagement was an expenditure and revenue verification procedure with regard to the Individual Financial Report for the Grant Contract between you <or your Lead Beneficiary> and the Managing Authority (the MA). The objective of this verification is for us to carry out certain procedures to which we have agreed and to submit to you a report of factual findings with regard to the procedures performed.

**Standards and Ethics**

Our engagement was undertaken in accordance with:

* International Standard on Related Services (‘ISRS’) 4400 *Engagements to perform Agreed-upon Procedures regarding Financial Information* as promulgated by the International Federation of Accountants (‘IFAC);
* the *Code of Ethics for Professional Accountants* issued by the IFAC. Although ISRS 4400 provides that independence is not a requirement for agreed-upon procedures engagements, the Contracting Authority requires that the auditor also complies with the independence requirements of the *Code of Ethics for Professional Accountants*;

**Procedures performed**

As requested, we have performed the verification procedures, as specified in the Description of the Procedures - Annex 1 to the audit service contract - to support the Managing Authority in assessing whether the expenditure claimed by you in the accompanying Individual Financial Report is eligible in accordance with the terms and conditions of the Grant Contract and eligibility rules of the Programme. The detailed procedures are found in the attached check-list in Annex 2.

**Factual Findings**

The outcomes related to the specific verification procedures are indicated below:

|  |  |
| --- | --- |
| **The total expenditure subject of this expenditure verification**The amount is equal to the total amount of expenditure reported by you in the Individual Financial Report (annex 1). | EUR <x,xxx.xx> |
| **The total expenditure verified and Expenditure Coverage Ratio**In case the sampling method to some heading or subheading of the budget has been applied, please indicate here for which headings or subheadings of the Financial Report sampling has been applied, the method used, the results obtained and whether the sample is representative | EUR <x,xxx.xx<xx.xx%> |
| **Expenditure complying with requirements set in the expenditure verification procedures**This amount represents the expenditure that, in our opinion, is **in compliance with the eligibility rules** of the Programme and requirements of the Grant Contract.  | EUR <x,xxx.xx> |
| **Expenditure not complying with requirements set in the expenditure verification procedures**This amount represents the expenditure that, in our opinion, **is not eligible**. | EUR <x,xxx.xx> |
|  |  |
| **[If applicable] The total revenues and contributions by third parties verified is:** | EUR <x,xxx.xx> |
| **[If applicable, and only in the final report] The profit deriving from a surplus of income over expenditures is:**This amount represents the profit that, in our opinion, was generated by the project and thus **this amount should be deducted from the payment**. | EUR <x,xxx.xx> |

Detailed breakdown of expenditure not complying, with the eligibility requirements is provided in the Annex 4 ‘List of factual findings’.

**Use of this Report**

The MA is not a party to the expenditure verification and therefore we do not owe or assume a duty of care to the MA, who may rely upon this expenditure verification report at its own risk and discretion. The MA can assess for itself the procedures and findings reported by us and draw its own conclusions from the factual findings reported by us.

Yours sincerely,

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*Auditor's signature Date and place*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Auditor signing*

*(Official stamp[[1]](#footnote-1))*

Annex I – Financial Report

Annex II – List of factual findings

Annex III - Check list

1. Person or firm or both, as appropriate and in accordance with the company policy. [↑](#footnote-ref-1)