

NOTE No /yyyy ON IRREGULARITY

1	Name and number of the project	
2	Name and address of the lead beneficiary	
3	Name of the beneficiary affected by the irregularity	
4	Grant contract number	
5	Date of detection of confirmed ineligible expenditure	
6	Method of detection of confirmed ineligible expenditures (eg. if the detection is not the result of the 1st level control, please indicate how and by whom the detection has been made)	
7. Please fill in separately for each expenditure / group of expenditures deemed ineligible (if necessary, repeat points: a - g)		
a)	Position in the report and budget line	
b)	Invoice/ accounting document's number	
c)	Name of expenditure	

Załącznik nr 6.2.

d)	The amount of ineligible expenditure in EUR (including an indication of whether the expenditure was deemed ineligible in whole or in part):	EUR			
e)	- ineligible costs from ENI for the specified expenditure in EUR	EUR			
8	Description of the course and the outcome of the verification of all subsequent and previously approved requests for payment in respect of the deemed irregularity				
9	The legal basis for the recognition of an expenditure as ineligible (indication of the exact Regulation article, the national regulation, the provisions of the Grant Contract, Programme, Programme Manual, Guidelines, etc.)				
10	The total amount of the confirmed ineligible expenditures in EUR:				
	- total				
	- ENI				
11	Auditor's data	First name	Last name	E-mail	Phone number

12	Date of preparation	12	Auditor's signature