EXCITE TNA SCIENTIFIC REPORT

EXCITE – WP5 TNA management

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| --- |
| **TNA CALL ROUND:** Select call |

**USER:**

|  |  |
| --- | --- |
| **Name & Surname:** Click here to type | **Email:** Click here to type |

**USER Employing organisation/Home institution**

|  |
| --- |
| **Name:** Click here to type**Country:** Click here to type |

**EXCITE TNA host institution and facility:**

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| --- |
| Select TNA partner from dropdown list |
| Select facility/installation from dropdown list |

**EXCITE TNA Project**

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| **ID:** EXCITE \_C1\_2022\_Click here to type **Project Acronym** Click here to type**Project title:** Click here to type |

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| **Scientific Report Summary** (plain text, no figures, maximum 250 words) |
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| **Full Scientific Report on the outcome of your TNA visit** (Max. 4000 characters including space - approx. 1 page of text plus 1 to 2 figures) |
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| **Publications arising/planned** (include conference abstracts, reports or any other published product, including list of authors and journal/conference to which you intend to submit) (plain text, no figures, maximum 250 words) |
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| **Breakdown of time for TNA project**. This information must align with the Access Agreement unless unexpected problems occurred (to be detailed in the appropriate section.  |
| **Type of access** |  [ ]  Physical Access [ ]  Remote Service |
| **Physical access: Travel dates to and from the facility for TNA visit** **Remote access: Dates of samples expedition to Facility** | Arrival: dd/mm/yyyySamples sent: dd/mm/yyyy | Departure: dd/mm/yyyySample arrived: dd/mm/yyyy |
| **Access dates at facility** | TNA project started:dd/mm/yyyy  | TNA project ended:dd/mm/yyyy |
| **Number of access units spent at** the **facility** | Type number Select access unit |
| **Short description of facility daily use** | Describe the overall daily analytical activities carried out at the facility |
| **Deviation from workplan (i.e. variations with respect to the Access agreement)**  | Describe the problem that occurred and the solution adopted (e.g., equipment down, samples need to be re-polished, more days required,.etc..) |

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| --- | --- | --- |
| **User Signature** |  | **Date** |
|  |  |  |

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| **Host Facility approval.** The host facility is required to approve the report agreeing it is an accurate account of the research performed. |
| Facility Manager Signature | Date |  |

EXCITE TNA EXPENSES REPORT

EXCITE – WP5 TNA management

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| **TNA CALL ROUND:** Select call |
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| --- | --- | --- |
| **USER NAME** | **TNA PROJECT ID** | **TRAVEL DATES** |
| Click here to type | EXCITE \_C1\_2022\_ Click here to type | dd/mm/yyyy –dd/mm/yyyy |

**Detailed description of the expenses\*1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Reason for expenditure** | **type of expenditure** |  **Euro** | **Other Currency** |
|  | *e.g., plane ticket*  | travel | xx,xx € |  |
|  | *e.g., accommodation for 5 nights* | accommodation | xx,xx € |  |
|  | *e.g., food day 1* | subsistence | xx,xx € |  |
|  | *e.g., food day 2* | subsistence | xx,xx € |  |
|  | *e.g., Sample shipment*  | shipment | xx,xx € |  |
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|  |  |  |  |  |
|  |  | TOTAL | xx,xx  **€** |  |

*\**1*list here all the expenses that must be documented by invoices/receipts, as requested by the host institution. The following expenses are eligible to be refunded:*

* *Travel expenses, upon submission of the relative proofs of payments (Invoice or electronic ticket, boarding pass) up to max €300 (from EU + associated countries#) or max €1000 (from all other countries)*
* *Accommodation and Subsistence expenses upon submission of the relative proofs of payments (invoice, receipts) or alternatively, as a daily allowance max €150/day.*
* *Sample shipment up to €100 per Remote Access project.*

*# = EU + countries associated with Horizon 2020 + member states of European Free Trade Association (Albania, Armenia, Bosnia and Herzegovina, Faroe Islands, Georgia, Iceland, Israel, Liechtenstein, Kosovo, Morocco, Moldova, Montenegro, North Macedonia, Norway, Serbia, Switzerland, Tunisia, Turkey, Ukraine, United Kingdom).*

**Daily allowance, Per Diem\*2**

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| --- | --- | --- |
| **Number of days** | **Allowance per diem (as indicated by the host institution)** | **Total daily allowance (Euro)** |
| Click here to type | xx,xx  **€** | xx,xx **€** |

*\**2*Per diems cover both accommodation and subsistence costs, so if this option is requested by the host institution, accommodation and subsistence costs must not be indicated in the table ‘Detailed description of the expenses’. The day count starts from arrival at the TNA facility location and includes maximum one day before the TNA access period and ends one day after the TNA access period, if overnight stay is necessary. The exact amount of per diems may be subject to re-calculation after the trip according to the financial rules applying at the host facility.*

**PLEASE NOTE: Different refunding limits/rules may apply according to the host institution you are visiting, check carefully with the Facility manager what limits and rules apply to you before filling this form.**

**I declare that the information given here is accurate and confirm submission of certifying documents.**

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| --- | --- |
| **User Name (Visitor)** |  |
| **User Signature**  |  |
| **Date** |  |

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**This form must be submitted as a signed PDF file no later than one month after the end of the TNA period. Include your invoices and receipts in one file. Report submission must be done via this** [**link**](https://forms.gle/r9mmaz3jeFgZ2Ndz9)**, that also include the completion of a user feedback questionnaire.**