|  |  |
| --- | --- |
|  **APPLYING INSTITUTION**  |       |
|  **CONTACT PERSON**  |       |
|  **TITLE OF THE INITIATIVE** |       |
|  **DATE/TIMEFRAME** |       |
|  **AMOUNT ACCORDING TO APPLICATION** |       € |
|  **AMOUNT SPENT ACCORDING TO RECEIPTS** |       € |

[ ]  The initiative was carried out as described in the application. If not, please explain changes and reasons:

[ ]  The CA was promoted throughout the event (e.g. logo on website, flyers and publications, distribution of CA material, introduction of CA during event etc.). Links, screenshots, presentations and photos are attached.

|  |
| --- |
|  **TEXT ABOUT THE INITIATIVE FOR CA WEBSITE AND CA NEWSLETTER**  (max. 250 words) |
|       |
| [ ]  I agree that the CA might adapt or shorten the text if needed.[ ]  A photo free to publish together with the text is attached. Please indicate the copyright (e.g. “University of Graz”):       |

With the application for the CA Cooperation Fund I accept the terms and conditions as stated on the website of COPERNICUS Alliance.

**Place, Date, Signature:**       ,      , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Institution

Address

Address



COPERNICUS ALLIANCE – European Network on Higher Education for Sustainable Development

Universitätsallee 1

21335 Lüneburg



Address

 **INVOICE FOR COPERNICUS ALLIANCE COOPERATION FUND**

According to the confirmed application for the “COPERNICUS Alliance Cooperation Fund” with respect to name of inititative, the applicant institution claims the following amount:

|  |  |  |
| --- | --- | --- |
| **EUR\* 0,000.00** | Bank account | Name of account holder |
| Address | Address of account holder |
| VAT Nr. |       |
| Bank |       |
| IBAN |       |
| BIC |       |
| Purpose |       |

*\*If applicant’s currency is not EUR, please use exchange rate from date of invoice (1 EUR = x):*

I confirm that all information is correct and the relevant invoices are attached as scans. The applicant owns and keeps the original invoices and cannot reimburse them a second time through other organizations.

**Place, Date, Signature:**      ,      , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_