YOUR FIRST EURES JOB

PAYMENT REQUEST – EMPLOYER (SME)

I the undersigned
legal representative/executive officer (please tick as appropriate) of the company
located in (address)
City Country
DECLARE
that the basic/comprehensive (<i>please tick as appropriate</i>) integration programme as detailed in the Application form submitted on/ is being/has been (<i>please tick as appropriate</i>) implemented. Number of mobile workers involved
I enclose copies of the following supporting documents (please tick as appropriate)
(If training has been concluded)
\square training plan (content and duration) + copy of signed and dated individual participant declaration or signed and dated lists of participants, or
training plan (content, duration, participants) + copy of receipt for training fees paid to an external training provider, or
other equivalent supporting document (please specify):
(If training is in progress)
external training: copy of signed training registration form(s), with brief description of training content, duration and participants
\square in-house training: training plan (content, duration, participants) signed by the coach/mentor/trainer and the participant(s)
other equivalent supporting document (please specify):
and claim the payment of EUR as <i>Your first EURES job</i> contribution, in accordance with the applicable funding rules
Date Signature
/20