**Inventory List Template**

Project Acronym:

Project Number:

Programme:

Date: Click here to enter a date.

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| --- |
| **List of Equipment/Consumables Purchased through Project Funds** |
| No. of items | Details of Equipment | Invoice Number  | Invoice Date (dd/mm/yy) | Supplier Name | Location of Equipment | Equipment has been retained for the duration of the project | Purchase Price, € |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  | [ ]  Yes [ ]  No |  |

***Terms and conditions:***

1. On site visits may be carried out by appointed personnel from the Managing Authority to verify the project implementation
2. Invoices supporting the above costs need to be verified by the Auditor and may be requested by the Managing Authority for verification.
3. A reconciliation will be requested in case of any material misstatements from the amounts disclosed in this cost schedule and the final audited financial statements
4. Any ineligible items contained in the relevant invoices have to be disclosed separately.
5. Assets have to be commissioned to Malta and retained in Malta for the duration of the project.
6. Assets are free from any double funding

***Declaration:***

I hereby confirm that the data provided in this form has been verified and is correct

***Contact Details:***

Independent Certified Public Auditor

|  |  |
| --- | --- |
| Date | Click here to enter a date. |
| Name and Surname |       |
| Warrant Number |       |

**Signature & Stamp of independent Certified Public Auditor**