

Mission certificate template

Twinning Grant Contract Number: MK 20 IPA EN 01 23

EXPERT NAME: STAVROS KARATHANASIS

INSTRUCTIONS

- For your Member State administration or mandated body to obtain compensation for your expenses from the Twinning Grant Contract budget, you must complete this form providing evidence of the time and length of your mission.
- For information the Compensation to the MS of the travel and subsistence allowance will be based on unit cost for travel and the unit cost for daily subsistence allowance fixed in the contract. Since also **other compensations elements might apply to** days spend abroad by experts you should identify the exact time of arrival in the country and departure from the country.
- The Member State administration/mandated body will define what document(s) it would accept to evidence your mission (either/or: tickets, boarding passes, hotel bills, agenda and mission reports) and you should return the document(s) required and with this form.
- In order for the form to be valid you and the authorised Member State signatory to the contract must sign the document.
- Travel costs not identified as a unit cost in the contract will be reimbursed based on actual incurred costs and the Member State administration or mandated body will have to provide original documents proving the actual payment done in order to be compensated. . For flight tickets reimbursed based on actual incurred costs a scanned copy of the boarding pass will suffice.

EXPERT

Name: Stavros Karathanasis
Working for: CIEEL

PURPOSE OF MISSION - DETAILS OF MEETING(S)*

Location(s): Macedonia del Norte-Skopje (State Environmental Inspectorate, Emmanuel Chuchkov Palace, Str. Bihacka No.2)

Date(s): 27th - 31th of October 2025

Act. Mission 2.1.1 – IRAM introduced in national system

* A mission report should be attached if so required

TRAVEL

Arrival to the country - Exact time and date: Sunday 26th October 2025, 18.00h

Departure from the country: Exact time and date: Friday 31th October 2025, 18.00h

EXPERT SIGNATURE

I declare having received 5 of per diems.

I declare having received 5 of fees.

I certify that the information is accurate, and that I am not reimbursed by any other entities for the same mission.

Place and Date: Skopje, 31th October 2025

Signature of expert:

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AUTHORISED SIGNATORY TO THE CONTRACT

This is to certify that the expert took part in the above mission have been recorded under item (identify budget heading and sub-heading) and supporting documents to evidence the mission has been received and are kept.

Place and Date Skopje, 31th October 2025

Member State signature: