**INNOVATION VOUCHERS**

 **Innovation Voucher 20XX-IVO-Y**

**To be submitted electronically at** reporting@innoviris.brussels and vmartzloff@innoviris.brussels

**Company name**

**Research center name**

*"Project Title"*

## Timing of the service

Start and end date:

## Summary of the service

|  |
| --- |
| **Explanatory note to be deleted** |
| Description of the tasks performed and the deliverables obtained, accompanied by a critical analysis, maximum 1 page.Detail any discrepancies from the service initially planned. |

## List of contributors and number of days worked

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Name*** | ***Function*** | ***Period*** | ***Number of days worked*** | ***Cost excluding VAT per day*** | ***TOTAL*** |
|  |  |  |  |  |  |

## List of exceptional operating costs, instrument and material costs and subcontracting costs

|  |  |  |  |
| --- | --- | --- | --- |
| ***Type of cost*** | ***Description*** | ***Date / Period*** | ***Calculation and amount excluding VAT*** |
| Operation | 2 days test room | 6/8/2015 – 7/8/2015 | 2 X 300 € = 600 € |
| Instruments | Depreciation equipment X, 2 months of use at 5% utilization rate, depreciation in 60 months | 05/08/2015 - 02/11/2015 | 50. 000 € X 2/60 \* 5% = 83 € |
|  | **TOTAL** |  | **683 €** |

# Report submitted to the client (to be provided in appendix)