**Request for BALANCE payment for Grant Contract**

\_\_/\_\_/2024

**The Managing Authority of**

**Cross-border**

**Cooperation Programme 2014-2020**

external-lv-cbc@varam.gov.lv

|  |  |
| --- | --- |
| Title of the grant contract, date | Grant contract for implementation of the project “*indicate project name*” of date 2023 |
| Identification number of the project:  |  |
| Lead beneficiary organisation: |  |
| Acronym of the project: |  |

Dear Sir/Madam,

I hereby request balance payment under the grant contract mentioned above.

The amount requested is: **0,00** EUR (amount in words).

I hereby certify that the information contained in this request for payment is complete, faithful and reliable.

Annex (if applicable)

Name, Surname

Position