FORCE MAJEURE FORM for HEIs

Erasmus+ KA103 and KA107

The HEI must submit this Form to NA as an explanation of the early return (force majeure).

All decisions regarding funding for short durations will be decided by the NA (EDUFI) on a case by case basis.

**Completed form with the attachments must be sent using encrypted email to** **erasmus@oph.fi**

**Please see EDUFI’s operational guide for beneficiaries (in Finnish):**

Erasmus+ korkeakoulutukselle - KA103 ja KA107 - Opas korkeakouluille ja konsortioille

4.2.9 Liikkuvuusjakson keskeyttäminen

PROJECT INFORMATION:

|  |  |
| --- | --- |
| **Project Code:**  | Fill here |
| **Organisation Name:** | Fill here |
| **Contact Person Name:** | Fill here |
| **Date of submission** | dd/m/yyyy |

FORCE MAJEURE INFORMATION:

|  |  |
| --- | --- |
| **Participant name:** | Fill here |
| **Mobility type:** | Select type |
| **KA107: Partner organisation name and country** | Fill here |

HEIs explanation for the early return if necessary: (reference to the doctor’s note for illness, or explanation of the particular force majeure).

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| --- |
| HEI can add here explanation if finds necessary… |

Duration of the mobility:

|  |  |  |
| --- | --- | --- |
| **Planned duration of the mobility:** | Start date  | End date |
| **Duration of the mobility with the early return** | Start date  | End date |

|  |  |
| --- | --- |
| **Total calculated E+ mobility grant for the planned mobility period**  | Fill here euros |
| **Paid E+ mobility grant in euros:** | Fill here euros |
| **Costs of the mobility reported by the participant in euros:** | Fill here euros |

**Compulsory attachments:**

[ ] Participant's written report on the reasons lead to the interruption of the mobility (not necessary in case of corona virus)

[ ] Participant's written record on the incurred real costs (do not attach receipts)

[ ] Letter of confirmation by the receiving organization (if applicable)

[ ]  Information on the positive or negative decision on compensations from the insurance company/airline (if applicable)

*In the case of illness, please do not attach a doctor's note for illness.*

**Decision by the National Agency – Finnish National Agency for Education (EDUFI)**

**Erasmus+ Office**

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| --- |
| **Date:** dd-m-yyyy**Name of the administrator:** Name**Justification by the NA:**Decision described by the administrator |