**Annex 2 to Directive No 2/2023**

**Report on the Grant of the IEB CAS**

**Name and surname of the recipient of the Grant of the IEB CAS:**

.............................................................................................................................................................

Title:

Balance Sheet:

Personal expenses:

Travel:

Other:

TOTAL:

Impact of the grant (please evaluate whether and how the grant helped you):

In ..........................., on ................................ In ..........................., on ...........................

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_