



Università di Foggia

Declaration on a person working exclusively in a Horizon 2020 action

Horizon 2020 Action			
Title of the action		Grant Number	
Reporting period covered by this declaration			
Period number	From date	To date	
Entity's name (beneficiary or third party)	UNIVERSITY OF FOGGIA		

(Name of the person working exclusively for the action)

This document certifies that (name of the worker) has worked for the beneficiary/third party exclusively in Horizon 2020 action mentioned above during (chose one below):

- The whole reporting period
- From the start date of the reporting period until (insert date) .../.../...
- From .../.../... until .../.../... (insert date)

Signature: for the entity (beneficiary or third party)	Signature: person working exclusively for the action
Name: (name of the supervisor signing on behalf of the entity)	