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| **ACTRIS IMP Confirmation of Trans-national access** |
| **ACTRIS Facility**[Name of ACTRIS Facility][Name of host institution][Address of host institution] | **Document duplicate to be sent to:** * **WP7 leader/SAMU** (actris-imp-tna@helsinki.fi)
* **TNA Project Leader**

[Name of TNA project leader][Home institution and address] |
| **Confirmation of Access**The access provider confirms that the following Trans-National access (TNA) project has been carried out in the framework of ACTRIS IMP Trans-national access at the above-named ACTRIS Facility:

|  |  |
| --- | --- |
| TNA project acronym: | **............................................** |
| Access type: | *[ ]*  | Physical access | *[ ]*  | Remote access |

The amount of access delivered to the user group is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Participant name** | **Duration of stay** (start-end date) | **Amount of access** | **Unit of access** |
| **Project leader:** |  | [dd/mm/yyyy - dd/mm/yyyy] |  |  |
| **Project user 1:** |  |  |  |  |
| **Project user 2:** |  |  |  |  |
| **...** |  |  |  |  |
| **Project user n:** |  |  |  |  |
| **Total amount of access provided to project user group:** |  |  |

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| --- | --- | --- |
| [Location], [Date dd/mm/yyyy] |  |  |
| Location and date |  | Signature of access provider |

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