# Annex 7 to Ordinance 100/2021 of 22’nd September 2021

Białystok, ...............................

**Application for advance**

**Trip application number**

Delegated person:

**1.** **I am asking for payment of funds to cover:**

|  |  |  |
| --- | --- | --- |
| **Type of benefit** | **Mark**(to be filed by the delegated person) | **The amount of the benefit and the type of currency** (filled by the appropriate substantive unit) |
| **Travel** | **YES/NO** |  |
| **Accommodation**(within the applicable limits) | **YES/NO** |  |
| **Subsistence allowance**(within the applicable limits) | **YES/NO \*** | residence: |
| **Lump sum for travel/ public transport**(within the applicable limits) | **YES/NO \*** | travel: |
| **Others** |  |  |

\* In the event of resignation from the payment of the allowances, the REFERRED PERSON signs a declaration of waiver of the aforementioned payment in the "Amount of the benefit".

2. Please pay the advance:

* In foreign currency
* In Polish currency

3. Please prepare the benefits to be collected at the bank - AUTO PAYMENT (PESEL/passport number ………………………………………………..….)

for the day: (not earlier than 10 days before the date of the planned expenditure)

(filled by the appropriate substantive unit)

4. Please prepare the benefits to be collected at the cash desk

for the day: (not earlier than 10 days before the date of the planned expenditure)

(filled by the appropriate substantive unit)

5. Please transfer the benefits to banking account nr:

(filled by the delegated person)

**6. Date of planned expenditure to which this application for advance payment relates:**

(filled by the delegated person)

**7. I undertake to settle the advance payment within 14 days after the end of the trip. At the same time, I authorize the Medical University of Bialystok to deduct the amount of the unsettled advance payment from the next salary payment.**

(Date and signature of delegated person)

|  |  |
| --- | --- |
| Accepted for payment:- in foreign currency……………………………………………- in Polish currency………………………………………………………………………….Date and signature of accepting persons | I collected the advance payment (in the case of payment of benefits at the cash desk of the Medical University of Bialystok):- in foreign currency……………………………………………- in Polish currency…………………………………………………………………………Date and signature of the Delegated person  |