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|  | Annex No. 3to the Rector’s Directive No. 21/13  |
| Stamp of University Unit |  **REQUEST No. …......................................................** (number issued by the Human Resources Department)**for a domestic business trip – symposia, conferences, scientific congresses** |
| **Name and surname:** |
| **Employed at:** |
| **Contact telephone number :** |
| **Post/Function:** |
| **1. Intended destination:**............................................................. | **2. Length of the trip:****from:** ...................... **to:** ............................ |
| **3. Purpose of the trip /short explanation/**..................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |
| **Declaration****4.** I declare that remuneration is due/ is not due for presented lectures**.** Employee's signature ................................... |
| **5**. I declare that my participation is not related to the conduct of clinical trials. Employee's signature……………………….. |
| Items 6 to 10 to be complete if partial or full funding is sought from financial resources held.  |
| **6. Mode of transportation (tick the appropriate):**a/ train (standard class) b/ other (please specify\*)………………………..Reasons for using a different mode of transport:..................................................................................................................................................................................................................................................................................................................................................................................................................................................................... Planned cost of using a different mode of transport............................ Polish Zloty (PLN)\*If an employee’s request to use his/her private car is approved, he/she declares the following: I acknowledge that the cost of car, passenger and baggage insurance is not charged to the Medical University. …………………………….. |
|  I approve the use of a different mode of transportation (specified in *b*):................... ……................................................... date signature of the Rector, Vice-Rector, Chancellor  |

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| **7. Estimated cost of the trip (in Polish Zloty):** | requested cost in Polish Zloty: (completed by the applicant) | Planned cost in Polish Zloty: (completed by the relevant University Unit) |
| a/ conference registration/congress fee  |  |  |
| b/ accommodation  |   |  |
| c/ travel costs /round trip/ |  |  |
| d/ subsistence allowance |   |  |
| e/ other /please specify/ |   |  |
| Total |   |  |
| **8. Are all meals provided by the organiser ? (tick the appropriate box)** |
| a/yes🞎b/no🞎 |
| **9. Are some meals provided by the organiser/hotel (tick all that apply)** |
| a /🞎 breakfastb/ 🞎 lunchc/ 🞎 dinner |
| **10. Sources of trip funding (tick all that apply):** |
| a/ Medical University in Bialystok 🞎 statutory projects, own projects, research projects, etc. **1)** (project number).......................🞎 didactic funds **2)** 🞎 subaccount of University department/unit **3)** (please provide the name of the department) ………………………..........................................................................................................…………………………………………………………………………………………………………..🞎 postgraduate education funds 4**)**🞎 general University resources **5)**🞎 European Union projects **6)**b/ reimbursement by a different entity: name, address, method of settlement established by the host institution (reimbursement/direct payment to the host institution).c) different source of funding .................................................................................................  **\*Funding confirmation****1)** Department of Science and International Cooperation **2)** Student Affairs Office**3)** Bursar**4)** Vice-Rector’s Office for Clinical Affairs**5)** Bursar**6)** Department of Management System Integration together with the Team for European Union projects / Department of Science and International Cooperation  |
| **date** | ………………………… **applicant’s signature** | ……………………………..**stamp and signature of Head of the Unit** |
| date of receipt | Human Resources Department ……………………………………….. |
| **date** | 🞎 I approve 🞎 I do not approve**...................................................** **signature of the Rector, Vice-Rector, Chancellor**  |

**Attachments:**

- documents confirming the purpose of the trip (programme, invitation, notification, certificate, etc.)

- in the case of incurred accommodation costs – details regarding the price of accommodation