|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS:** | | | | | | | | |
| Name and Surname: | | | | | Academic title/degree: | | | |
| Workplace: | | | | | Position: | | | |
| Address of residence: | | | | | Phone number:  E-mail: | | | |
| I hereby request permission to travel abroad to:  Country: Town/City: | | | | | | | | |
| **DATA CONCERNING THE VISIT:** | | | | | | | | |
| **The purpose of the visit (underline appropriate):**  ⚫ conference / congress / symposium, convention ⚫ conducting scientific research in a foreign unit  ⚫ scholarship ⚫ doctoral / postgraduate studies ⚫ scientific / specialization internship ⚫ course/training  ⚫ apprenticeships ⚫ scientific consultations ⚫ didactic purpose  ⚫ other (what?) ............................................................................................................................................................. | | | | | | | | |
| **Details concerning the visit** *(fiil in)****:***  **Organising/Receiving Institution**:................................................................................................................................  **Title of the conference / training:** ................................................................................................................................ ..........................................................................................................................................................................................  **Form of participation (underline):** presentation / poster / chairing the session / conducting research / training / passive participation /  other (what?).....................................................................................................................................................................  **The subject of the presentation / poster** *(in the case of active participation):* ...........................................................................................  …………………………………………………………………………………………………………………………………………… | | | | | | | | |
| **The date of the start of the conference / convention / internship, etc..:**  From:...........................to:..............................  **Date of visit \*:**  Od:..........................do: ............................. | | | | | **Date and expected time of crossing the border\*:**  Departure:............................ time. ...................  Arrival:............................ time.. .................. | | | |
| ***\**** *In Europe: max. 1 day before and 1 after the journey; outside Europe max. 2 days before and 2 days after the journey* | | | | | | | | |
| **COSTS OF THE VISIT:** | | | | | | | | |
| **CATEGORY** | | **PLANNED COST** | | **SOURCE OF FINANCING** *no. of research project / sub-account of the clinic (institute) / sponsor / other* | | | **CONFIRMATION OF FINANCING**  *(appropriate content-related unit)* | |
| **Domestic transport:**   |  |  | | --- | --- | | coach |  | | train |  | | passenger car |  | | plane |  | | |  | |  | | |  | |
| **Foreign transport:**   |  |  | | --- | --- | | coach |  | | train |  | | passenger car |  | | plane |  | | |  | |  | | |  | |
| **REGISTRATION FEE** | |  | |  | | |  | |
| **SUBSISTENCE ALLOWANCE** | | *(appropriate content-related unit))* | |  | | |  | |
| **ACCOMODATION** | |  | |  | | |  | |
| **TRAVEL ALLOWANCE; LUMP SUM FOR URBAN TRANSPORT** | | *(appropriate content-related unit)* | |  | | |  | |
| **OTHER EXPENDITURE**  *(what?)* | |  | |  | | |  | |
| **STATEMENT**   1. I hereby declare that I have read the rules of foreign visits applicable at MUB. I am obligated that funds transferred by MUB will be settled within 14 days after the end of the visit with the original invoices issued to the Medical University of Bialystok, ul. Jana Kilińskiego 1, 15-089 Białystok, NIP 542-021-17-17. At the same time, I authorize the workplace to set off the unpaid amount of the transfer from the closest remuneration payment. 2. I hereby declare that I have insurance for medical expenses and consequences of accidents during my stay abroad. | | | | | | | | |
| ……..………...................(signature of the candidate for the visit) | *……………………………*  *(signature of the Project Coordinator - source of financing source)* | | ………..……................... *(signature of the Head of the MUB Unit)* | | | *Applies to PhD students only:* | | |
| ………………………supervisor’s / promotor’s signature | | ………………….signature of the Head of doctoral studies |
|  |  | | .…........................................(signature of the Vice-Rector / Chancellor) | | | | | |

*Attachments to the application*

**programme of conference / convention / seminar / training**

**invitation**

**summary of the presentation / poster**

**money transfer application and/or Advance Payment Application**

**Requisition Form to Administrative-Commercial and Services Department (AGU) for the purchase of an air / rail / coach ticket**

**other……………………………**