Białystok, date:.................................

**Money Transfer Application**

**Visit application no …………………………..**

The Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request to transfer the money concerning:

* **participation fee :**

|  |  |
| --- | --- |
| Name of contractor (*the beneficiary of the bank account)* |  |
| Street, house number |  |
| Town/City |  |
| Country |  |
| Account number - IBAN |  |
| SWIFT BIC code |  |
| Name and address of the bank |  |
| Amount, currency |  |
| Payment details |  |
| Conference organizer - e-mail |  |

* **accommodation fees :**

|  |  |
| --- | --- |
| Name of contractor (*the beneficiary of the bank account)* |  |
| Street, house number |  |
| Town/City |  |
| Country |  |
| Account number - IBAN |  |
| SWIFT BIC code |  |
| Name and address of the bank |  |
| Amount, currency |  |
| Payment details |  |

The fee applies to the participation of Mr./Ms...............................................................................................................

in the conference / symposium:……............................................................................................................................. …………........................................................................................................................................................................

which will take place on the following date(s) :.............................................................................................................

country………………………………………town/city:…………………………………………………………………………

**Total amount:** …................................

**Paid from:** .…...............................

....................................................................................... …………………………………………………….

 *(stamp and signature of the Project Coordinator) (stamp and signature of the employee)*

 **Verified in terms of**

**integrity and accounting**

 ……………………………………………………..

  *date and signature*

**Confirmation of the financial limit: Approved for payment:**

………………………………………….. …………………………………… *(filled by the appropriate content-related unit) date and signature of the authorising person*