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|  | Annex No. 3  to 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 /🞎 breakfast  b/ 🞎 lunch  c/ 🞎 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