



International from the beginning - support for internationalization

Project funded by the Polish National Agency for Academic Exchange under the STER Program

FINANCIAL SETTLEMENT OF THE VISIT

I. BASIC INFORMATION

1.	Full name of the Project Participant:	
2.	Project title:	
3.	Contract number:	
4.	Place of residence (city):	
5.	Departure date:	
6.	Return date:	
7.	City 1 of the host institution:	
8.	Purpose of the visit:	

II. COSTS OF TRAVEL, HEALTH INSURANCE, CIVIL LIABILITY INSURANCE, PERSONAL ACCIDENT INSURANCE, COSTS OF VISA FEES OR FEES RELATED TO LEGALIZATION OF STAY

No.	Distance in a straight line between the Project Participant's place of residence and the place of stay [in km]	Amount [PLN]
1.	over 6000	

Z komentarzem [RK1]: Choose the correct distance

III. COSTS OF THE STAY

No.	Number of days*	OECD country or country in the top 50 of the MERCER report [YES/NO]	Amount [PLN]
1.		NO	

*The number of days of stay includes the days of travel

IV. CONFERENCE FEES, COSTS OF TRAINING, COURSE AND WORKSHOPS

LIST OF ACCOUNTING DOCUMENTS RELATED TO CONFERENCE FEES, COSTS OF TRAINING, COURSE AND WORKSHOPS

No.	Type of goods/services	Number and type of accounting document	Amount [PLN]	Method of payment*
				to be paid by wire transfer
				paid by the Participant
				to be paid by wire transfer

Szkoła Doktorska
Uniwersytet Śląski w Katowicach
ul. Bankowa 14, 40-007 Katowice
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www.us.edu.pl





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		paid by the Participant
Total paid by the Project Participant		- PLN
Total to be paid by wire transfer*		- PLN

The original accounting documents shown in the table are attached to the financial settlement of the visit.

*All accounting documents "to be paid by wire transfer" must be issued to the Project Beneficiary

V. Relocation Allowance

One-time relocation allowance (e.g. raw materials, semi-finished products, reagents, access to the laboratory facilities and major research infrastructure that is not available (difficult to access) in Poland, purchase of access to library collections, library card, etc.)

Amount [PLN]

VI. SETTLEMENT

1. Amount of the advance paid to the Project Participant		PLN	-
2. Costs due, including: [a+b+c+d]		PLN	-
a.	Costs of travel, health insurance, civil liability insurance, personal accident insurance, visa fees or fees related to legalization of stay	PLN	-
b.	Cost of stay	PLN	-
c.	Costs of conference fees. Costs of trainings, courses, workshops paid by the Project Participant	PLN	-
d.	Relocation allowance	PLN	-
3. Amount to be refunded/paid [1-2]		PLN	-

4. Costs of conference fees. Costs of training, courses, workshops remaining to be paid	PLN	-
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I am requesting reimbursement of/I undertake to reimburse* the amount related to my visit.	PLN	-
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*delete as appropriate

.....
Date and signature of the Project Participant

.....
Date and signature of the person accepting the settlement on the part of the University

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