Annex 1 to Ordinance 100/2021 of 22’nd September 2021

\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_

Application for a foreign trip of employee/ doctoral student/ student\*

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|  PERSONAL DATA OF THE DEPARTING PERSON: |
| First and last name: | Title / academic degree: |
| Place of work: clinic / department/ laboratory /name of the science club (applies to students) | Position: |
| Bank account number for settlements related to the departure: | Contact phone number (necessary in case of questions to the application): E-mail: |
| I am asking for consent to travel abroad to:Country:City:  | On-line participation in the event on (date): |
| DATA CONCERNING THE TRIP: |
| **Purpose of the trip (underline as appropriate)**⚫ conference / congress / symposium / convention ⚫ conducting scientific research in a foreign unit⚫ research scholarship ⚫ doctoral / postgraduate studies ⚫ research / specialization internship ⚫ course / training⚫ apprenticeships ⚫ scientific consultations ⚫ didactic ⚫ study visit⚫representing MUB at fairs and international meetings ⚫ others |
| **Details concerning the trip** (to be filled)**:****Organizing / receiving institution**:..........................................................................................................................................................................................................**Title/ name of the event:**................................................................................................................................................................................................................................**Form of participation (underline): lecture / poster / chairing the session / conducting research / training / passive participation /other (what?)** .....................................................................................................................................................................................................................................................................**Topic of the paper / poster (in the case of active participation**): ......................................................................................................................................................................................................................................................................................................................................................................................................................................................... |
| **Dates of the conference / convention / internship / online event, etc..:****From**:...........................to:..............................**Duration of the trip\*\*:** From:..........................to: ............................. | **Date and estimated time of crossing the border (**in the case of an airplane flight - time of departure from Poland and landing in Poland)**\*\*:** Departure:............................ time ...................  Arrival:............................ time.. .................. |

\* Underline as appropriate

\*\*In Europe: max. 1 day before and 1 day after trip; outside Europe max. 2 days before and 2 days after the trip

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| COSTS OF THE TRIP: |
| **CATEGORY** | **PLANNED COST** | **FINANCING SOURCE**research project number / clinic (department) sub-account / sponsor / other | **FINANCING CONFIRMATION****(**appropriate substantive unit) |
| **Domestic transport\*\*\*:**[ ] bus/train [ ] car\*\*\*\*[ ] plane |  |  |  |
| **Foreign transport\*\*\*:**[ ] bus[ ] train[ ] car \*\*\*\*[ ] plane |  |  |  |
| **REGISTRATION FEE** |  |  |  |
| **SUBSISTENCE ALLOWANCE** | (To be filled by the appropriate substantive unit) |  |  |
| **ACCOMMODATION** |  |  |  |
| **TRAVEL ALLOWANCE;** **Lump sum for public transport** | (To be filled by the appropriate substantive unit) |  |  |
| **OTHER EXPENSES**(what?) |  |  |  |
| \*\*\*\* Request for permission to travel by car with justification........................................................**(signature of the Vice-Rector / Chancellor)** |
| **STATEMENT**1. I declare, that I have read the rules of foreign trips applicable at MUB. I undertake, that I will settle the funds transferred by MUB within 14 days after the end of the trip with 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 deduct the unsettled transfer amount from the next salary payment.
2. 2. I declare, that I have / will have health and accident insurance during my stay abroad.
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| ....................................................... (signature of the departing person) | ............................................... (signature of the Project Manager - the sponsor of the financing source) | ..............................................(signature of the Head of the MUB Unit) | Doctoral students only::............................................ signature of the supervisor / advisor | Doctoral students only::.................................................................signature of the Director of the Doctoral School / the head of doctoral studies |

**.…........................................**

**(signature of the Vice-Rector / Chancellor)**

Attachments to the application

[ ]  **conference / convention / seminar / course / training program**

[ ]  **invitation**

[ ]  **abstract of a paper / poster**

[ ]  **application for a transfer and / or payment of an advance**

[ ]  **printing a request to the Administration and Economic Department for the purchase of an air / rail / bus ticket**

[ ]  **others ………………………………..**

\*\*\* the obligation to indicate means of transport does not apply to trips that are not financed by the MUB

\*\*\*\* requires filling in the appropriate field of the application and the consent of the Vice-Rector / Chancellor