Attachment no 3 to Directive no 21/2016

by the Director of the National Science Centre

on the conditions of reimbursing travel expenses

to foreign members of Expert Teams of 9th June 2016

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *official seal* | |  | | **SETTLEMENT OF TRAVEL EXPENSES NO.** | | | | | | | | | | |  | | | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
|  | |  | | *of date* | | |  | | | | |  | | |  | | |  | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
| *for* | |  | | | | | | | | | | | | |  | | |  | |
|  | | *name and surname* | | | | | | | | | | | | |  | | |  | |
| *acting in the capacity of* | |  | | | | | | |  | | |  | | |  | | |  | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
| *to* | |  | | | | | | |  | | |  | | |  | | |  | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
| *for the period from* | |  | | | | |  | | *to* | | |  | | | | | |  | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
| *for the purpose of* | |  | | | | | | |  | | |  | | |  | | |  | |
|  | |  | |  | | |  | |  | | |  | | |  | | |  | |
| *means of transport* | |  | | | | | | |  | | |  | | |  | | |  | |
|  | |  | | | | | | |  | | |  | | |  | | |  | |
| *bank account no.* | |  | | | | | | |  | | |  | | |  | | |  | |
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|  | |  |  | | |  | |  | |  | | | |  | |  | | | | |
|  | |  | **TRAVEL EXPENSES RECEIPT** | | | | | | | | | | |  | |  | | | | |
|  | |  |  | | |  | |  | |  | | | |  | |  | | | | |
| **DEPARTURE** | | | | | | **ARRIVAL** | | | | | | | | means of transport | | cost of travel | | | | |
| city | date | | time | | | city | | date | | | time | | |
|  |  | |  | | |  | |  | | |  | | |  | |  | | | | |
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|  |  | |  | | |  | |  | | |  | | |  | |  | | | | |
| *Verified with regard*  *to its accounting data* | | | *Verified with regard*  *to its factual content* | | | | | Travel and local transportation: total | | | | | | | |  | | | | |
|  |  | |  | | |  | |
|  |  | |  | | |  | | Accommodation according to receipts | | | | | | | |  | | | | |
|  |  | |  | | |  | |
| *date and signature* |  | | *date and signature* | | | | | Other expenses according to attachments | | | | | | | |  | | | | |
|  |  | |  | |  | | | **TOTAL** | | | | | | | |  | | | | |
| Approved for the sum of: |  | |  | |  | | | Advance payment | | | | | | | |  | | | | |
|  |  | |  | |  | | |
|  |  | |  | |  | | | To be paid / ~~returned~~ | | | | | | | |  | | | | |
|  |  | | | |  | | | I submit the hereby receipt | | | | | | | | | | | | |
|  |  | |  | |  | | |  | |  | | |  | | | |  | | | |
| *date and signature of the Chief Accountant* |  | | *date and signature of the Director* | | | | |  | |  | | |  | | | |  | | | |
|  |  | |  | | |  | | *date* | |  | | | *signature* | | | | | | | |