Annex 3 to Order No 50/2019 of the Director of the National Science Centre on the conditions of reimbursing travel expenses to foreign members of Expert Teams of 26.07.2019

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *official seal* | |  | | **SETTLEMENT OF TRAVEL EXPENSES NO** | | | | | |  | |
|  | |  | |  | |  | |  |  |  |  | |
|  | |  | | *of (date)* | |  | | |  |  |  | |
|  | |  | |  | |  | |  |  |  |  | |
| *for* | |  | | | | | | | |  |  | |
|  | | *(name)* | | | | | | | |  |  | |
| *acting in the capacity of* | |  | | | | | |  |  |  |  | |
|  | |  | |  | |  | |  |  |  |  | |
| *to* | |  | | | | | |  |  |  |  | |
|  | |  | |  | |  | |  |  |  |  | |
| *for the period from* | |  | | | |  | | *to* |  | |  | |
|  | |  | |  | |  | |  |  |  |  | |
| *for the purpose of* | |  | | | | | |  |  |  |  | |
|  | |  | |  | |  | |  |  |  |  | |
| *means of transport:* | |  | | | | | |  |  |  |  | |
|  | |  | | | | | |  |  |  |  | |
| *bank account number* | | IBAN:  BIC/SWIFT: | | | | | |  |  |  |  | |
|  | |  |  | |  | |  |  | |  |  | | |
|  | |  |  | |  | |  |  | |  |  | | |
|  | |  | **TRAVEL EXPENSES RECEIPT** | | | | | | |  |  | | |
|  | |  |  | |  | |  |  | |  |  | | |
| **DEPARTURE** | | | | | **ARRIVAL** | | | | | means of transport | travel expenses | | |
| city | date | | time | | city | | date | time | |
|  |  | |  | |  | |  |  | |  |  | | |
|  |  | |  | |  | |  |  | |  |  | | |
|  |  | |  | |  | |  |  | |  |  | | |
|  |  | |  | |  | |  |  | |  |  | | |
|  |  | |  | |  | |  |  | |  |  | | |
| *Verified with respect to integrity and accounting* |  | | *Verified with respect  to the content* | | | | Total travel and local transportation | | | |  | | |
|  |  | |  | |  | | Other expenses according to annexes | | | |  | | |
| *date and signature* |  | | *date and signature* | | | | **TOTAL AMOUNT** | | | |  | | |
|  |  | |  | |  | | **To be paid** | | | |  | | |
| Approved for the amount of: |  | |  | |  | |
|  |  | |  | |  | |
|  |  | | | |  | | I hereby submit this receipt | | | | | | |
|  |  | |  | |  | |  |  | |  |  | | |
| *date and signature  of the Chief Accountant* |  | | *date and signature  of the Director* | | | |  |  | |  |  | | |
|  |  | |  | |  | | *date* |  | | *Expert’s signature/ ID* | | | |