Appendix No. 1

to order No. 90 by the NCU Rector of 30 April 2020

|  |  |  |
| --- | --- | --- |
| Institution’s stamp | | REMARKS |
| **BUSINESS TRIP ORDER** | |  |
| **No. . . . . . . . .** | |
| **at the request, invitation\*)** | |
| No. . . . . . . . . . . . . . . . . . . . . . . | |
| of . . . . . . . . . . . . . . . . . . . . . . | |
| for. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| (Name and Surname) | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| (position, ID number) | |
| to . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| for the period from . . . . . . . . . . . . . to . . . . . . . . . . . . . . | |
| for the purpose of . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| Means of transport | |
| . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . |
| date | Signature of the person ordering the trip |

Please make an advance payment in the amount of . . . . . . . . . . . . PLN in words. . . . . . . . . . . . . . . . . . . . . . . . . . . . PLN . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

for covering the costs of a business trip No. . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . .

Delegate’s signature

Confirmed for . . . . . . . . . . . . . PLN in words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . PLN

to pay out from . . . . . . . . . . . . . . . . . . . .

|  |  |  |
| --- | --- | --- |
| Account | | ID number |
| Owing | Has |  |

\*delete as appropriate

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

date controllers signatures

**JOURNEY COST BILL**

(Specify means of transportation, class, type of ticket (free, reduced, normal). In case of travel by own car, indicate also the number of km and the rate per 1 km\*).

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D E P A R T U R E D | | | | A R R I V A L | | | | Means of transport\*) | | Journey cost | |
| Location | date | time. | | Location | date | time | | PLN | gr |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
|  |  |  | |  |  |  | |  | |  |  |
| Bill checked in terms of | | | | | Bulk payment for journey | | | | |  |  |
| Documented journeys | | | | |  |  |
| Meritorical aspects and confirmation of journey order | | | Formal and financial aspects | | Total journeys | | | | |  |  |
| Allowances | | | | |  |  |
| Lodgings according to bills | | | | |  |  |
| Date | Signature |  | Date | signature | Lodgings – bulk payments | | | | |  |  |
| Othe rexpenses according to attachements | | | | |  |  |
| In words PLN |  |  | total |  |  | |
| Confirmed for. . . . . . . . . . . . PLN  In words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | |
|  | date | |  |  |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Controllers’ signatures | | | | |
|  | | | | |  | | Advanced payment collected | | |  |  |
| I confirm the collection of . . . . . . . PLN. …………………………PLN | | | | |  | |
| To pay out - return | | |  |  |
| In words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | . . . . . . . . . . . .  attachements | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .PLN | | | | | I submit this bill on  . . . . . . . . . . . . . . . .  date | | | |  | | |
| . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  date signature | | | | | . . . . . . . . . . . . . . . . . . . .  signature | | |

I have received the advance payment in the amount of. . . . . . . . . . . . . PLN . in words PLN and I declare to settle it within 14 days of the completion of the journey, at the same time authorizing the employer to deduce the unsettled amount from the next salary payment.

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Delegate’s name and surname date and the delegate’s signature