







Attachment No 1 to the agreement between the Beneficiary and the Project Participant – Visit settlement form

# **VISIT SETTLEMENT**

#### . BASIC INFORMATION

	Name and surname of the project	
1.	participant:	
2.	Title of the project:	
3.	Number of the agreement:	
4.	Place of residence (city):	
5.	Date of departure:	
6.	Date of return:	
7.	City of the host institution:	
8.	Purpose of the visit:	

# II. COSTS OF TRAVEL, HEALTH INSURANCE, THIRD PARTY LIABILITY INSURANCE, ACCIDENT INSURANCE, VISA FEES OR FEES ASSOCIATED WITH LEGALISATION OF STAY

Item	The distance in a straight line between the Participant's place of residence and the location of their stay (in km):	
1.	more than 6,000	

### **III. COSTS OF STAY**

Item	OECD country or country listed in the top fifty of the MERCER report [YES/NO]	Amount [PLN]
1.	NO	

<sup>\*</sup>The number of days of stay includes days spent on travelling

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

SUMMARY OF ACCOUNTING RECORDS CONCERNING CONFERENCE FEES, TRAINING, COURSES AND WORKSHOPS					
Item	Name of commodity/service	Number and type of accounting record	Amount [PLN]	Payment method*	
				to be paid by	
				bank transfer	
				paid by the	
				participant	
				to be paid by	
				bank transfer	
				paid by the	
				participant	
		Total paid by the participant		- zł	
		Total to be paid by bank transfer*		- zł	









Original accounting records shown in the table constitute attachments to the visit settlement.

\*All accounting records "to be paid by bank transfer" must be issued to the Beneficiary in the project

#### **V. SETTLEMENT**

1. Advance payment paid to the project participant		-	zł
2. Costs due, including: [a + b + c]		-	zł
a.	Costs of travel, health insurance, third party liability insurance, accident insurance, visa fees or fees associated with legalisation of stay	-	zł
b.	Costs of stay	-	zł
c.	Costs of conference fees, cost of training, courses and workshops paid by the participant	-	zł
3. Amount to be reimbursed/paid [1-2]		-	zł

4. Outstanding costs of conference fees, cost of training, courses and workshops	- zł
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Please return/I undertake to return* the amount	-	zł
resulting from the settlement of my visit.		

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Date and signature of the participant

Date and signature of the person approving the settlement

<sup>\*</sup> Delete as applicable