





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

# VISIT SETTLEMENT

## I. BASIC INFORMATION

1.	Name and surname of the project participant:	
2.	Title of the project:	PROM Programme – short-term academic exchange
3.	Number of the agreement:	PI/PRO/2024/1/00025/U/00001
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 FROM POLAND OR TO POLAND**

No.	Country group	Amount [PLN]
1.		

# **III. COSTS OF SUBSISTANCE AND ACCOMODATION**

no.	Number of days*	Country group	Daily rate [PLN]	Amount [PLN]
1.				0

\*The number of days of stay includes days spent on travelling

#### IV. SCHOLARSHIP

no.	Number of days*	Daily rate [PLN]	Amount [PLN]
1.			0

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

SUMMARY OF ACCOUNTING RECORDS CONCERNING CONFERENCE FEES, TRAINING, COURSES AND WORKSHOPS				
No.	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

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

# **VI. SETTLEMENT**

1. Amount of advance payment paid to the project participant		-	zł
2. Costs due, including: [a + b + c+ d]		-	zł
a.	Costs of travel from Poland or to Poland	-	zł
b.	Costs of subsistance and accommodation	-	zł
C.	Scholarship	-	zł
d.	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
Please return/I undertake to return* the amount	-	zł

resulting from the settlement of my visit.

\* Delete as applicable

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Date and signature of the participant

Date and signature of the person approving the settlement

Amount approved for payment

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Chief Accountant

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Director