*(stamp of the organizational unit of
the travelling person)
(pieczątka jednostki organizacyjnej*

*osoby wyjeżdżającej)* Lublin, ..................

**APPLICATION**

**FOR**

**A BUSINESS TRIP ABROAD***(Wniosek O ZAGRANICZNĄ PODRÓŻ SŁUżBOWĄ)*

Employee/*Pracownik*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *(academic title, first and last name/tytuł naukowy, imię i nazwisko)*
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*(address/adres zamieszkania)*
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *(series and number of passport / ID card \*/seria i nr paszportu/dowodu osobistego\*) (PESEL number)*

Country*(Kraj):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foreign institution *(Ośrodek zagraniczny):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of departure and return *(Data wyjazdu i powrotu):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the trip (*Cel wyjazdu)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel within (please tick appropriate):**

*Podróż w ramach (proszę zaznaczyć właściwe)*

|  |  |
| --- | --- |
|  | international agreement in force from ..................... to ……..…. concluded with the European Commmission *(umowy międzynarodowej obowiązującej w okresie ………………. zawartej z European Commmission)* |
|  | NAWA, Fulbright, Cost, another program (what?) ………………………………………………. *(NAWA, Fulbright, Cost, inny program - jaki?)* |

**SCOPE OF BENEFITS ON THE PART OF UMCS**
(*ZAKRES ŚWIADCZEŃ UMCS)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Number***(Liczba)* | **Rate** *(Stawka)* | **Currency** *(Waluta)* | **Value**  *(Wartość)* | **Estimated value in PLN** *(Szacunkowa wartość w PLN)* | **To be paid as deposit/to be paid in advance by UMCS***(do wypłaty jako zaliczka / do opłacenia przez UMCS)* | **MPK, ZFIN** |
| **TRANSPORT**: please tick the mode of transport:**Private car / company car/ plane/ train/coach/bus** (in the case of a private car, Regulation No. 11/2021 of the Rector of UMCS applies)***PRZEJAZD****; proszę zaznaczyć środek transportu:****samochód prywatny/służbowy/samolot/pociąg/ autobus/bus*** *(w przypadku samochodu prywatnego stosuje się zarządzenie Nr*  *11/2021 Rektora UMCS)* |  |  |  |  |  |  |  |
| A lump sum for travel costs *Ryczałt na pokrycie kosztów dojazdu* |  |  |  |  |  |  |
| Expense allowances / ‘pocket money’ allowance *Diety / diety „kieszonkowe”* |  |  |  |  |  |  |
| Reimbursement of accommodation costs / a lump sum (25% of the limit)*Zwrot kosztów noclegów / ryczałt (25% limitu)* |  |  |  |  |  |  |
| A lump sum for local transport (10% of the allowance / day)*Ryczałt na przejazdy komunikacją miejscową (10% diety/dzień)* |  |  |  |  |  |  |
| Conference fee (*opłata konferencyjna)* |  |  |  |  |  |  |
| Project lump sum (*ryczałt projektowy)* |  |  |  |  |  |  |
| Other *Inne* |  |  |  |  |  |  |
|  |  **In total** Razem |  |  |  |

**Employee's statements**

1. I declare that the benefits for which I apply are not covered by the above mentioned foreign institution or other external sources.

2. I undertake to settle the abovementioned trip within 14 days from the day of its completion.

3. In the case of a trip to the country of the European Union and the European Economic Area, I declare that I will obtain an EKUZ card entitling me to medical care in these countries. If I do not have an EKUZ card, I declare I will cover the cost of any possible medical treatment from my own funds.

4. I declare that I have read the legal basis for the trip, i.e. the Regulation of the Minister of Labor and Social Policy of 29 January 2013 on the claims due to an employee employed in a public or local government budget unit for a business trip.

5. According to art. 6 par. 1 lit. a) Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC (general regulation on protection data) I agree that the Maria Curie-Skłodowska University in Lublin with headquarters at Pl. Marii Curie-Skłodowskiej 5, 20-031 Lublin, being the Administrator of Personal Data, make available my personal data concerning me collected:

|  |
| --- |
|  |

in connection with and for the purpose of making the payment of an advance payment for business trips to PKO SA, III Branch in Lublin, Branch 5 with registered office pl. Marii Curie- Skłodowskiej 5, 20-031 Lublin / mBank S.A. Corporate Branch Lublin with headquarters at ul. Spokojna 2, 20-074 Lublin;

|  |
| --- |
|  |

in connection with and for the purpose of carrying out the insurance process to Powszechny Zakład Ubezpieczeń Spółka Akcyjna, Corporate Sales Region East, Lublin, 1A Anny Walentynowicz Street .

My consent is valid now and in the future, provided there is no change in the purpose of the data processing and the recipient whose consent it concerns. I have the knowledge of voluntary submission of this statement and the possibility of its cancellation at any time, I have been informed that the cancellation of consent will result in the inability to process: booking and purchasing airline tickets for business travel / advance payment for business travel / insurance . I have been informed about the purpose, principles and manner of data processing in connection with the implementation of the abovementioned process and the right to contact the data administrator on issues related to the processing of personal data at: abi@umcs.lublin.pl

 ……………………………………………
 Date and signature of the travelling person

I hereby declare that I voluntarily waive the dues to which I am entitled under the Decree of the Minister of Labor and Social Policy dated 25.10.2022 for business travel abroad:

[ ]  in total

[ ]  partly, according to the application

……………………………………………
 Date and signature of the travelling person

|  |  |  |
| --- | --- | --- |
| **…………………………………………………..……**Substantive acceptance of the application[[1]](#footnote-1)*(Akceptacja merytoryczna wniosku*1 | **…………………………………………………**Confirmation of the formal correctness of the application2*Potwierdzenie poprawności formalnej wniosku*2 |  |

1. Head of the Department /Director of Doctoral School/Institute Director/Dean of the Faculty AND Project Coordinator (in case of travel within the project); *Kierownik Zakładu/ Dyretor Szkoły Doktorskiej/Katedry/Dyrektor Instytutu ORAZ Koordynator Projektu (w przypadku podróży w ramach projektu)*

*2* Foreign Travels Office *(Zespół ds. Wyjazdów Zagranicznych)*  [↑](#footnote-ref-1)