Lublin, date ………………………

……………………………………………..

Name and surname of the delegated employee

**AUTHORISATION**

I hereby authorise the following UMCS employee:

|  |  |
| --- | --- |
| Mr./Ms.: |  |
| Holding an identification document: |  |
| PESEL number: |  |

To collect a one-time advance payment granted for a business trip abroad:

|  |  |
| --- | --- |
| Name and surname of the delegated employee: |  |
| PESEL Number: |  |
| Country: |  |
| Date of departure: |  |

…………..................................................

Date and signature of the delegated employee