



Attachment No. 1 to the  
Rector's Ordinance No. 75/2020

**1. Personal data:**

employee <input type="checkbox"/>	PhD student <input type="checkbox"/>	student <input type="checkbox"/>	another person who is not an employee of the JKU <input type="checkbox"/>
<b>Name and Surname:</b>			
<b>JKU unit :</b>			
<b>e-mail address:</b>		<b>Phone number:</b>	
<b>Country, destination city:</b>			
<b>Host institution name:</b>			
<b>Date of departure:</b>	<b>Date of return:</b>	<b>Number of days:</b>	
.....	.....	.....	

**APPLICATION FOR TRAVEL ABROAD**

**2. Purpose of the trip\*:**

- education abroad;
- completing a research internship;
- completing a didactic internship;
- participation in the conference;
- participation in joint research conducted with a foreign entity on the basis of a scientific cooperation agreement;
- other:

.....  
.....

**Substantive justification for the trip:**

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

**3. Estimated costs:**

Type of benefits:	Estimated cost:	Source of funding:
<b>Journey:</b> Plane: <input type="checkbox"/> Train: <input type="checkbox"/> Coach: <input type="checkbox"/> Car: <input type="checkbox"/>		
<b>Travel allowance:</b>		
<b>Residence allowance:</b>		
<b>Hotel allowance:</b>		
<b>Lump sum:</b>		
<b>Other payments:</b>		
- .....		
- .....		
<b>TOTAL AMOUNT:</b>		

Form of payment of the advance: cash

transfer



Bank account number:.....

#### 4. Declarations

- 1) I undertake to provide the Department of Science with all documents necessary to settle the advance payment received within 14 days from the date of return to the country. At the same time, after the expiry of the settlement period, I authorize the University to deduct the unsettled advance payment from my remuneration in accordance with Art. 87 of the Labor Code, with a scholarship or remuneration under a civil law contract,
- 2) I declare that for the period of the trip I will be insured against accidents and treatment costs for the period of stay outside the country (including travel) and I take responsibility for the consequences of failure to take out an appropriate travel insurance policy.

.....  
(date and signature of the outgoing)

**Opinion of the immediate superior (in accordance with the principles referred to in the regulations):**.....

.....  
(date and signature of the immediate supervisor)

#### 5. Opinion of the Director of the Doctoral School \*\* (in accordance with the rules referred to in the regulations):

.....  
(date and signature of the director)

**Confirmation of correct cost estimate**

.....  
(date and signature of the certifying employee)

#### 6. Decision:

.....  
(date and signature of the Rector or authorized person)

\* mark as appropriate

\*\* in the case of doctoral students - the opinion of the Director of the Doctoral School