***Reimbursement Form***

|  |  |  |  |
| --- | --- | --- | --- |
| *Support programme* | [ ]  | [ ]  | [ ]  |
| ***TNA***  | ***TWINNING*** | ***ESR*** |
| **Details of the applicant** |
| *Claimant’s Name* | *first and last name* |
| *Private address* | ……………………………………………………….…………………. |
| *E-Mail* | ……………………………………………………….…………………. |
| *Home institute* | ……………………………………………………….…………………. |
| *Passport Number (foreigners)**PESEL number (polish citizens)* | ……………………………………………………….…………………. |
| **Bank Details** |
| *First and last name of the account holder* | *first and last name* |
| *Bank name & address* | ……………………………………………………….…………………. |
| *Account number (IBAN)* | ……………………………………………………….…………………. |
| *SWIFT/BIC code* | ……………………………………………………….…………………. |
| *Account Currency* | ……………………………………………………….…………………. |
| **Expenses** |
| *No* | *Document number* | *Document issue date* | *Description* *(Name of product/service)* | *Cost**(Gross value)* | *Currency*  |
| *1* | ………... | ……… | ……………………………………………….…………………. | …………..…. | ………. |
| *2* | ……..…. | ……… | ……………………………………………….…………………. | …………..…. | ………. |
| *3* | ……..…. | ……… | ……………………………………………….…………………. | …………..…. | ………. |

*Please note that only those expenses can be reimbursed that are supported by a ticket or an invoice.*

I declare that these costs indicated above are not claimed elsewhere.

I confirm the correctness of this statement and, in particular, that I have incurred the cost declared above.

|  |  |
| --- | --- |
| ……… | *first and last name* |
| *Date* | *Name* |

***Please complete the form and return it with all original receipts to:***

***NCPS SOLARIS, Czerwone Maki 98, 30-392 Kraków, Poland***

***If you have documents in electronic versions, you can send them together with the form to:*** ***nephews@uj.edu.pl***