



.....
(stamp of the organizational unit)

.....
(document No., date)

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(to be completed by R₄Z)

REQUEST TO:

☐ **ATTEND AN INTERNATIONAL CONFERENCE REMOTELY**

☐ **RECEIVE THE PAYMENT OF THE CONFERENCE FEE WITHOUT A BUSINESS TRIP**

☐ **Employee's**

☐ **PH.D. student's/Student's/Person outside the University**
(Select as appropriate)

1. First name and surname:

.....
(complete LEGIBLY)

a/ title, academic degree, position:

b/ institute/chair/faculty:

c/ contact telephone No.:.....

2. Conference organized in:
(country, place)

3. Conference date: from.....to.....

4. Conference name/Host institution:

5. Title of the presentation, authors

6. Conference fee and form of payment (bank transfer/own credit card/PUT card)
(select as appropriate)

.....in the amount of.....

NOTE: If the payment is to be made with the PUT card, it is mandatory to attach a request to the Vice-Rector for International Relations for consent to make the payment.

7. Source of funding and signature of the funds administrator:

Allocation account		
Cost centre (MPK)		
Source of funding		
Project		

.....
(consent of the funds administrator)

.....
(signature of the attendee)

.....
(signature and stamp of the Head of the PUT organizational unit)

.....
(consent of the Vice-Rector for International Relations)