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| Załącznik nr 3 do Zarządzenia Nr 777/2018 Rektora PB   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | *………………………………………* | | | | |  | | | | | (pieczątka) | | | | | | | | | | **ROZLICZENIE PODRÓŻY ZAGRANICZNEJ** | | | | | | | | | | | *………………………………………………………………………………………………….………………………………..…..* | | | | | | | | | | Imię i nazwisko, stanowisko służbowe, jednostka organizacyjna  Polecenie wyjazdu do ......................................................................................................................................................................  kraj i miejscowość | | | | | | | | | | Cel wyjazdu …………………………………………………………………………………………..…………........................................... | | | | | | | | | | Środki lokomocji …………................................................................................................................................................................ | | | | | | | | | | Pobyt poza granicami kraju trwał od dnia ……..…………........... godz. ………... do dnia …………..…........... godz. ………. | | | | | | | | | | Dni ogółem: ……… | | | | | | | | | |  | | | | | | | | | | Lp. | **WYDATEK / WALUTA** | | **WALUTA:** | | | X | | PLN | | | I. | **KOSZTY PONIESIONE POZA GRANICAMI KRAJU** wg kursu……………………………………………………………… | | | | | | | | | | 1. | Diety pobytowe (ilość ….... x stawka ….….) | |  | | |  | |  | | | 2. | Dieta dojazdowa | |  | | |  | |  | | | 3. | Ryczałt na dojazdy (ilość ….... x stawka ….….) x 10% | |  | | |  | |  | | | 4. | Noclegi według rachunku / ryczałtu | |  | | |  | |  | | | 5. | Inne | |  | | |  | |  | | | 6. | Razem wydatki (Σ poz. I.1.÷I.5.) | |  | | |  | |  | | | II. | **ZALICZKA** Na podstawie zlecenia wypłaty dewiz nr ……….…….................. z dnia ….…..……..…… | |  | | |  | |  | | | III. | **Z ROZLICZENIA** (poz. I.6.−II.) do zwrotu / do wypłaty | |  | | |  | |  | | | **WPŁACONO** dnia | |  | | |  | |  | | | **DO ZWROTU / DO WYPŁATY** | |  | | |  | |  | | | IV. | **KOSZTY PONIESIONE W KRAJU PRZEZ PRACOWNIKA** | | | | | | | | | | 1. | Polecenie wyjazdu służbowego Nr ……………….….…… | | | | | | |  | | | 2. | Inne (jakie?) …………………………………………………………………………………  ………………………………………………………………………………………………… | | | | | | |  | | | 3. | Razem wydatki (Σ poz. IV.1.÷IV.2.) | | | | | | |  | | | **V.** | **KOSZTY PONIESIONE PRZEZ UCZELNIĘ (opłacone przelewem lub kartą PB)** | | | | | | | | | | 1. | Opłata za udział w konferencji, sympozjum, kongresie itp. | | | | | | |  | | | 2. | Bilety (kolejowe, lotnicze, inne) | | | | | | |  | | | 3. | Ubezpieczenia | | | | | | |  | | | 4. | Inne | | | | | | |  | | | 5. | Razem wydatki (Σ poz. V.1.÷V.4.) | | | | | | |  | | | VI. | **OGÓŁEM KOSZTY WYJAZDU** (I.6.+IV.3.+ V.5) | | | | | | |  | | | **ZWROT KOSZTÓW WYJAZDU DO KWOTY** | | | | | | |  | | | VII. | Kwota do wypłaty pracownikowi / do zwrotu przez pracownika (wymienić pozycje) ….........................................**.**..................……………………………………………… | | | | | | |  | | | Źródło finansowania: Nr wniosku:………………………………… | | | | | | | | | | ……………………………………………… | |  | | …………………………………..………. | | | | | | Data i podpis Pracownika | | Data i podpis pod względem merytorycznym | | | | | | ……………………………………………… | | …………………………………..………. | | | | | | Data i podpis  osoby dokonującej rozliczenia | | Data i podpis pod względem formalnym rachunkowym | | | | | |  | | **Zatwierdzam na kwotę** | | | | | | ……………………… | | | …………………… | | |  | | Kwestor | | | Kanclerz | | |  |  |