Appendix No. 2 to the Agreement: **Specimen of KWA cost calculation form**

**COST CALCULATION FORM FOR THE ACTION IN THE PROM PROGRAMME**

**(Agreement No. ................. of \_\_\_\_\_\_\_\_\_\_\_\_ )**

**Name and surname of the Project Participant:** .......

**Project Participant’ place of residence (country):** .........................

**Host University (name, country):** .............................

**Action**:Short-term academicexchange(KWA) in the period from .... to ....., recruitment I/II\*

**1. Calculation of costs related to the activity according to the flat rates applicable in the Program:**

1. Travel costs, health insurance, third party liability insurance, accident insurance, visa fees or fees related to legalization of stay

|  |  |  |
| --- | --- | --- |
| **Group of countries** | **Country** | **Flat rate per person:** |
|  |  | PLN |

1. Living and accommodation costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group of countries** | **Country** | **Number of days of stay\*\*** | **Daily flat rate amount:** | **Total amount:** |
|  |  |  | PLN | PLN |

C) Scholarship cost

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Number of days of stay\*\*** | **Daily rate:** | **Total amount:** |
|  |  | PLN | PLN |

**2. Maximum cost for a Participant to take part in the PROM Programme (1A) + (1B) + (1C): PLN ........**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date and signature of the Project Leader)