Appendix No. 5 to the Agreement: **Specimen of KWA financial settlement**

**FINANCIAL SETTLEMENT RELATED TO ACTION IN THE PROM PROGRAMME**

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

I. BASIC INFORMATION

|  |  |  |
| --- | --- | --- |
| **1.** | **Name and Surname**  **of the Project Participant:** |  |
| **2.** | **Project Title:** |  |
| **3.** | **Agreement Number:** |  |
| **4.** | **Place of residence (country):** |  |
| **5.** | **Departure Date:** |  |
| **6.** | **Return Date:** |  |
| **7.** | **Host university (name, country):** |  |
| **8.** | **Action:** | Short-term academic exchange (KWA), recruitment I/II\* |

II. TRAVEL COSTS, HEALTH INSURANCE, THIRD PARTY LIABILITY INSURANCE, ACCIDENT INSURANCE, VISA FEES OR FEES RELATED TO LEGALIZATION OF STAY

|  |  |  |
| --- | --- | --- |
| **Group of countries** | **Country** | **Amount:** |
|  |  | PLN |

III. LIVING AND ACCOMMODATION COSTS

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

IV. SHOLARSCHIP

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

V. COST SETTLEMENT

|  |  |  |
| --- | --- | --- |
| **1. Amount of the grant paid to the Project Participant** | | **PLN** |
| **2. Costs due, including: [a+b+c]** | | **PLN** |
| a. | Travel costs, health insurance, third party liability insurance, accident insurance, visa fees or fees related to legalization of stay | PLN |
| b. | Living and accommodation costs | PLN |
| c. | Scholarship costs | PLN |
| **3. Amount to be refunded/paid [1-2]** | | **PLN** |

|  |  |
| --- | --- |
| **I am asking for a refund/I am obliged to return\* the amount resulting from my travel.** | **PLN** |
|

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

(date and signature of the Project Participant) (Date and signature of the person accepting the

Statement on the part of the University)