**REPORT OF THE STUDY VISIT ABROAD**

…………………………………………………………..

(NAME AND SURNAME OF THE DELEGATED)

…………………………………………………………..

(DELEGATING INSTITUTION)

|  |  |
| --- | --- |
| COUNTRY OF STAY |  |
| DATE OF STAY |  |

|  |  |
| --- | --- |
| DETAILED REPORT | |
|  | |
| SPECIFICATION OF INCURRED COSTS | |
| PER DIEM (diety)  ACCOMMODATION (noclegi)  TRAVEL EXPENCES (koszty podróży) | ……………..  ……………..  …………….. |
| ………………………… ………………………….  (DATE) (SIGNATURE) | |