**REPORT OF THE STUDY VISIT ABROAD**

…………………………………………………………..

(NAME AND SURNAME OF THE DELEGATED)

…………………………………………………………..

(DELEGATING INSTITUTION)

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

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