Place and date

Details of the person making the request:

First and last name

Year of study

Telephone

Email address

To Director

of NCU ARS Doctoral School of Social Sciences

Collegium Humanisticum, room C 0.19

1 W. Bojarskiego St.

87-100 Toruń

**Request for financing of current expenses**

I am requesting funding for the current needs as indicated below:

|  |  |
| --- | --- |
| Name and description of request/purpose |  |
|  | If travel: will there be needed the conference fee |  |
| If travel: will there be needed travel costs (accommodation, allowances, transportation) |  |
| Date of service/travel |  |
| Estimated value (rounded up) / total:  |  |
|  | If travel: conference fees |  |
| If travel: travel costs |  |
| If the service is invoiced to NCU: Details of the service provider |  |
| If travel: destination (town and institution) |  |
| If conference: in-person or online participation |  |

………………………………………………

Signature of the person submitting the request:

Stamp and signature of Director:

Rejestr zamówień publicznych: ……………………….

Nr rezerwacji środków: ……………………………..