ORDER No...../20.....

Appendix no. 5
to the Principles for granting consent and settling
home and foreign travel of students and doctoral students
of the Medical University of Silesia in Katowice

(To be filled out by the University)

ORDER OF AIR TICKET PURCHASE

(TO BE FILLED OUT IN CAPITAL LETTERS)

☐ HOME ☐ FOREIGN
☐ DOCTORAL STUDENT ☐ STUDENT

First name of the travelling person …….	**Surname of the travelling person** ……
Private telephone number of the passenger (mobile phone) (required by airlines)	
Office telephone number of the passenger	
E-mail of the passenger	
Date of birth	
Middle name	
Route (in general)	**i.e. Katowice - ..... – Katowice**
Date of departure	**And preferred time of flight i.e. 6:00 am of flight**
Date of return	**Date and preferred time of flight i.e. 6:00 pm of the flight**
Address of conference, convention, symposium, other	**.....** **(country)** **.....** **(city)** **.....** **(street, number)** **.....(conference start time)**
Registered luggage **Are you carrying a poster?**	**☐ YES ☐ NO** **☐ YES poster tube ☐ NO**
Passport data required in case of intercontinental flights	**Series and Passport number: .....** **Full date of validity of the passport: ……..** **Nationality: ……..…** **Names as per the passport: .....**

It is recommended to purchase the insurance policy for the duration of the stay abroad in the basic scope without reimbursement of the costs for the above expense on the side of the University
I undertake to cover all ticket costs in case of my failure to undertake the business travel.

I express consent for the entrustment of my personal data in the scope covered by the hereby order with the company

……
(Company name and address)

.....
Date and signature of the student/doctoral student

……. **Date and signature of the person authorized by SUM to order the airline ticket**	**…….** **Date and signature of the Head of Department of Student Division for Doctoral Student Education/ Doctoral Student Education Division**