

Place and date:

Name and surname of the mobility participant:

.....

Home University, Faculty, Institute / Unit:

.....

Contract Number/Grant agreement number:

.....

**Vice Rector for Research and International Cooperation
Cardinal Stefan Wyszyński University in Warsaw**

Application for reimbursement of the costs of SARS-CoV-2 tests

I, the undersigned (*name and surname of the mobility participant*)
apply for reimbursement of costs of testing for SARS-CoV-2 virus in connection with my mobility in the
frame of Erasmus+ KA107 programme to Cardinal Stefan Wyszyński University in Warsaw from
..... to, contract number

The total estimated cost of the test(s) is EUR.

- I attach confirmation from an official source that I am required to get tested for SARS-CoV-2 in order to realize the Erasmus+ mobility in Poland.
- I declare that I am not vaccinated against SARS-CoV-2 with a vaccine authorized* in the European Union.
- I undertake to deliver the original VAT invoice(s) for SARS-CoV-2 test(s) with the proof of payment(s). Invoice(s) must be issued to UKSW and submitted directly to the UKSW International Relations Office (ul. Wóycickiego 1/3, building 23, room 112) immediately after the mobility is settled.

Invoice details:

Cardinal Stefan Wyszyński University in Warsaw

Dewajtis 5, 01-815 Warsaw

Taxpayer's Identification Number (NIP): 525-00-12-946

.....

(date and legible signature of employee/doctoral student/student)

Decision of Vice-Rector for Research and International Cooperation

I agree/I do not agree** for the reimbursement of the costs of SARS-CoV-2 tests upon delivering original invoices.

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(date and signature of Vice Rector for Research and International Cooperation)

* [COVID-19 vaccines: authorised | European Medicines Agency \(europa.eu\)](https://www.europa.eu)

** Delete as applicable