

Place and date:

Name and surname of the mobility participant:

.....

Home University, Faculty, Institute / Unit:

.....

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, grant agreement 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).

Please note: Invoice(s) must be issued to the participant's personal data and submitted directly to the UKSW International Relations Office (ul. Wóycickiego 1/3, building 23, room 112) immediately after the mobility is settled.

.....
(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.

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

* Delete as applicable

** [COVID-19 vaccines: authorised | European Medicines Agency \(europa.eu\)](https://ec.europa.eu/eu4health/vaccines_en)