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| **AKCEPTUJĘ** | | |  |  | |  | |  | |  | |  | | |  | | |  | | | Warszawa, | | | | | | | | r. | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| **BKG-VI - …….. /………./ …...** | | | | | | | |  | |  | | | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
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| **W N I O S E K** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| **o delegowanie na służbowy wyjazd zagraniczny** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Wnioskuję o akceptację wyjazdu zagranicznego w terminie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | |  | **Wyjazd:** | | | |  | |  | |  | | | godz. | | | **0:00** | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  | **Przyjazd:** | | | |  | |  | |  | | | godz. | | | **0:00** | | |  | | |  | |  | | |  | |  | |  | |
| (planowana data i godzina wyjazdu i powrotu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | | **Do:** | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| **Cel:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| (państwo i cel wyjazdu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Na wyjazd proponuje się delegowanie (wykaz osób): | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Środek lokomocji: | | | | | | | |  | | | | | | | wylot/wyjazd z | | | | | | | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Wyjazd będzie finansowany (\*): | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| 1. Ze środków Komendy Głównej PSP na wyjazdy zagraniczne: | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | |  | |  | |
| (planowane wydatki na wyjazd - poz. | | | | | | | | | | | | | | | **0** | | | ) | | |  | | |  | |  | | |  | |  | |  | |
| diety | |  | | |  |  | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| **od** | 0-01 | od godz. | | | 0:00 | **do** | 1-01 | | | | do godz. | | | 0:00 | | | - | | |  | | x | | % | | | | pełnej diety | | |  | |  | |
| **od** | 1-01 | od godz. | | | 0:00 | **do** | 0-01 | | | | do godz. | | | 0:00 | | | - | | |  | | x | | % | | | | pełnej diety | | |  | |  | |
| **od** | 0-01 | od godz. | | | 0:00 | **do** | 0-01 | | | | do godz. | | | 0:00 | | | - | | |  | | x | | % | | | | pełnej diety | | |  | |  | |
|  |  |  | | |  |  | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Limit hotelowy: | | | | | |  | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  |  | |  | | | |  | | |  | | |  | | | |  | |  | |  | | |  | |  | |  | |
| **Ubezpieczenie:** | | | | | |  | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  |  | |  | | | |  | | |  | | |  | | | |  | |  | |  | | |  | |  | |  | |
| Koszty podróży: | | | | | | Koszty podróży pokryte ze środków KG PSP | | | | | | | | | | | | | | | | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | dieta dojazdowa | | | | | | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  | 10% x | |  | przejazdy komunikacją miejską | | | | | | | | | | | | | |  | | |  | |  | | |  | |  | |  | |
| **Inne (w tym koszty krajowe):** | | | |  | |  |  | | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  |  | | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| **Przez stronę zapraszającą:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  |  | |  | |  | |  | |
| **Z innych źródeł:** | | | | | | | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| **UWAGA:** | | | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Numer kontaktowy: | | | | | | | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Sporządził(a): | | | | | | | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Delegowanym przyznano do rozliczenia: | | | | | | | | | | | | | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Lp. | | | | **Świadczenia** | | | | | | | | | | | | | | **Wysokość w walucie obcej** | | | | | | | | | | | | | | |  | |
| 1. | | | | Diety / kieszonkowe | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 2. | | | | Limit na hotel | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 3. | | | | Dojazdy i usługi tragarzy | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 4. | | | | Przejazdy | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 5. | | | | Dodatek na nieprzewidziane wydatki | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 6. | | | | Dodatek na reprezentację | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| 7. | | | | Inne świadczenia | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| **RAZEM** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Kwituję niniejszym odbiór dewiz ………………… tj. równowartość złotych ………..……… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Słownie złotych …………..………………………..………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Jednocześnie zobowiązuję się do rozliczenia zaliczki w terminie 14 dni od daty powrotu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Oświadczam, że znane mi są przepisy zawarte w Rozporządzeniu Ministra Pracy i Polityki | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Społecznej w sprawie wysokości oraz warunków ustalania należności przysługujących | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| pracownikowi z tytułu podróży służbowej poza granicami kraju oraz zmieniającym je | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| Rozporządzeniu Ministra Gospodarki i Pracy wraz z wynikającymi z nich zasadami | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| rozliczania pobranych środków dewizowych. | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | |  | |  | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |
| Warszawa, dnia……………………… | | | | | | | | | | | | | | |  | | | ……………………………….. | | | | | | | | | | | | | | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | | podpis osoby delegowanej | | | | | | | | | | |  | |  | |  | |
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| ………………………………………. | | | | | | | | | | | | | | |  | | |  | | | ……………………………………. | | | | | | | | | | | |  | |
|  | | | Główny Księgowy | | | | | | |  | |  | | |  | | |  | | |  | | | Kierownik Jednostki | | | | | | | | |  | |
|  | | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | |  | |  | |