(NAME AND SURNAME) DOCTORAL STUDENT OF (NAME OF FACULTY / CENTER) OF VILNIUS UNIVERSITY

To the Rector of Vilnius University

REQUEST FOR AN ACADEMIC TRIP

day-month-year Vilnius

I would like to request a	approval for an academic trip	to (please indicate country, city and
institution) from (day-month-year		
Purpose of the academic t	rip: (partial doctoral studies, ,	seminars, conferences, courses, work in
archives, libraries etc.).		
I request reimbursement	t for the following expenses (please mark the appropriate box):
food allowance (please indicate the	local transport costs	conference / course / symposium
number of days and the amount of		exhibition registration fees / tickets to
money - total and for each day)	baggage fee	events
rental of living space	personal insurance (excep	t life other (please specify)
travel expenses	insurance)	
I am travelling by car	r brand. Registration plates No)
	_ ·	please mark the appropriate box):
the cost of consumed fuel		r parking lots, insurance and road tax
in accordance with fuel consumption		
approved by the Rector of Vilnius Unive	ersity	
		o transfer the assigned advance to the personal ment, tel. No. (+370 5) 268 7036, (+370 5) 268
LT	nts related to the travel exp _(please indicate the bank and e travel expenses with my own	
Please cover the expense ☐ Faculty / Institute PhD Student	-	y the type of funds);
\square special program funds (please	specify the type of funds);	
other legally acquired funds (p	lease specify the type of funds);
expenses are paid by the organ	izing institution.	
(Supervisor's name, surname and signat	ure)	
(Name, surname and signature of Doctor	ral Committee Chairman or Dean)	

(Signature) (Name and Surname)