**Request for a business trip abroad**

I would like to approve the foreign travel order for a business trip abroad with following information:

**Name, SURNAME:**

**Your CZU personal number:**

**Date of birth (dd/mm/yyyy):**

**Contact (mobile) phone** (incl. the international dial):

**If not a CZU employee for main employment contract, number of the work performance agreement (“DPP/DPČ”):**

**Departure from Prague (date and time):**

**Arrival in Prague (date and time):**

**If you request to take a leave during the foreign business trip, please indicate the date of the leave (and submit an approved request for work leave – via e-mail):**

**Travel by: own car / rent car / bus / train / aeroplane**

**Final destination (country and exact location/region):**

**Name of the receiving / partner institution and address:**

**Main contact at FTA (project coordinator/head of the research team):**

**Purpose of the journey:**

**Financial sources – the billing track (“vláček”):**

**Starting place of the travel:** [ ]  residence address: ……………………………………………………………………………………. [ ]  workplace address: …………………………………………………………………………………….

 [ ]  other address: …………………………………………………………………………………….

**Ending place of the travel:** [ ]  residence address: ……………………………………………………………………………………. [ ]  workplace address: …………………………………………………………………………………….

 [ ]  other address: …………………………………………………………………………………….

**I do request to get an advance payment:** [ ]  Yes [ ]  No

 If yes, please, tick the way of payment: [ ]  cash advance – currency: EUR – USD – GBP - CZK

[ ]  bank transfer – the money will be sent to the account

 where you receive your salary

 If yes, what is the amount you are requesting (amount and currency):

**I do request a pocket money:** [ ]  Yes [ ]  No

If yes, the amount of the pocket money should be: [ ]  10% of the per diem

 [ ]  20% of the per diem

 [ ]  30% of the per diem

 [ ]  40% of the per diem

 If yes, I confirm that the pocket money is an eligible expense and meet all the criteria of the project:

………………………………………………………………………………….... ………..………………………………………………………..……..………...

 Name and signature of the „příkazce operace“ Name and signature of the „správce operace“

I honestly declare that:

* **I will register my journey into the application DROZD (this applies only for Czech citizens)** [**https://drozd.mzv.cz/**](https://drozd.mzv.cz/)

[ ]  Yes [ ]  No [ ]  I am foreigner, I can not register to DROZD system

* **I checked the safety and security rules and I’m aware about any health-related risks in the travel destination**

[ ]  Yes [ ]  No

Please see the list of destinations with increased security risks: [https://secure.ervpojistovna.cz/download/warlist.pdf?\_gl=1\*1hun0r2\*\_ga\*Nzg3MTg2OTcwLjE2NDQ5MTQ2MzU.\*\_ga\_V4D4088MVK\*MTY4MTcyOTc4OC4xMTguMS4xNjgxNzI5ODkwLjAuMC4w](https://secure.ervpojistovna.cz/download/warlist.pdf?_gl=1*1hun0r2*_ga*Nzg3MTg2OTcwLjE2NDQ5MTQ2MzU.*_ga_V4D4088MVK*MTY4MTcyOTc4OC4xMTguMS4xNjgxNzI5ODkwLjAuMC4w)

* **I have all the obligatory vaccinations valid for the travel destination**

[ ]  Yes [ ]  No In case of No, please provide a reason:

Please see the list of obligatory/recommended vaccinations:

<https://centrumcestovnimediciny.cz/en/list-of-obligatory-and-recommended-vaccinations-in-individual-countries/>

or https://www.ockovacicentrum.cz/cz/seznam-statu-a-z

* **I feel well for the trip and have all the medicines necessary for the final destination**

[ ]  Yes [ ]  No

* **I have a first aid kit and travel equipment according to the needs of the final destination (e.g. antimalarials)**

[ ]  Yes, I have my own first aid kit [ ]  Yes, I have FTA first aid kit [ ]  No

* **I have downloaded the ERV insurance company application „**ERV travel&care**“ and I actively follow the information in the travel destination** [**https://www.ervpojistovna.cz/cs/mobilni-aplikace**](https://www.ervpojistovna.cz/cs/mobilni-aplikace)

[ ]  Yes [ ]  No

* **I am aware of the terms and conditions of ERV insurance company (i.e. there is only 80 % of insurance coverage of the air ticket in case of canceling the journey due to health problems). To get 100 % of the price of the air ticket I must manage my own insurance for cancellation.**

[ ]  Yes [ ]  No

|  |
| --- |
| **Contact details of the contact person of the partner organisation abroad: Contact form during my stay abroad** |
| **Name, Surname** |  |
| **Position** |  |
| **Organization** |  |
| **Address** |  |
| **Mobile phone number** **(or skype, whatsapp, …)** |  |
| **E-mail** |  |

* **Contact person in the Czech Republic the FTA will contact if necessary (personal contacts - family, friends, …):**

|  |
| --- |
| **Contact form in the Czech Republic** |
| **Name, surname** |  |
| **Mobile phone number** |  |
| **E-mail** |  |
| **Relation (Friend/ family relative)** |  |

* **I will submit a Final report from the journey (form available on the Intranet) as a request to proceed with my reimbursement. I’m aware that if I do not submit the Final Report, the reimbursement will not proceed.**

[ ]  Yes [ ]  No

**I hereby confirm all the information above and agree with the journey:**

**Date:**

**Signature:**