Attachment No. 1 – Dean’s Directive No. 16/2020

|  |  |
| --- | --- |
| Travel Order Number |  |

**Charles University**

**Faculty of Medicine in Pilsen**

alej Svobody 1655/76, 323 00 Pilsen

ID: 002 16 208



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| **TRAVEL ORDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Surname, name, title | | |  | | | | | | | | | | | | | | | Personal num. | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | Department | | | | | |  | | | | | |
| 2. Address | | |  | | | | | | | | | | | | | | | Phone (line) | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | E-mail | | | | | |  | | | | | |
| Beginning of travel (place/d/h) | | | | | Destination | | | | | | | | Purpose | | | | | | | | | | | End of travel (place/d/h) | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | |
| 3. Passengers | |  | | | | | | | | | | | 4. Chosen means of transport. | | | | | | | | | | |  | | | | | |
| 5. Approved cash advance | | | | | | | | | | |  | | 6. Source funds | | | | | | | | | | | | | | | | |
| Paid on | | | | | | | | | | |  | | Approved by the transactor  (if different from the authorized person) | | | | | | | | | | |  | | | | | |
| Receipt No. | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |
| Cashier’s signature | | | | | | | |  | | | Date | | | | | |  | | | | Signature of the authorized employee | | | | | | | | |
| TRAVEL EXPENSES SETTLEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. The business trip report is attached and approved by:: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Signature of the authorized employee | | | | | | | | | |
| Date | Departure – Arrival1) | | | | | | Used means of transportation2) | | Driven km3) | Fuel usage  l/100 km | | Beginning and end of work (hours) | | | | Travel fares and local transport | | | | Accommod. Expenses | | | Meal expenses (additional charge) | | Necessary incidental expenses | | Total | | Correction |
|  |  | | | hours | | |  | |  |  | |  | | | | CZK | | | | CZK | | | CZK | | CZK | | CZK | | CZK |
| –1– | –2– | | | | | | –3– | | –4– | –5– | | –6– | | | | –7– | | | | –8– | | | –9– | | –10– | | –11– | | –12– |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
|  | Departure | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | | 0,00 | |  |
|  | Arrival | | |  | | |  | |  |  | |  | | | |  | | | |  | | |  | |  | |  | |  |
| Celkem | | | | | | | | | | | | | | | 0,00 | | | | | 0,00 | | | 0,00 | | | 0,00 | 0,00 | |  |
| Meals provided free of charge.  Accommodation provided free of charge. | | | | | | Number of meals provided free of charge:  × first day  × other days  × last day | | | | | | | | | | | | | Cash advance | | | | | | | | |  |  |
|  | | | | | |  | | | | | | | | | | | | | additional payment – overpayment | | | | | | | | | **0,00** |  |
| PT – passenger train MPT – municipal public transport  ET – express train CC – company car BF – by foot  B – bus PC - private car  1) Please fill in the time of departure and arrival as indicated in the time table.  2) Use abbreviations.  3) Fill in the number of km only when using your private vehicle.  For details concerning settlement of travel expenses see the Act No. 262/2006, Coll., as amended. | | | | | | | | | | | | | | I’m attaching   receipts to the settlement of business trip expenses. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **I declare that all data are true and complete.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Travel allowances to be sent to the account no.:  **/** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | |  | |  | | | | | | | |
|  | | | | | | | | | | | | | | Date | | | | | |  | | Accountant’s signature | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 8. EXPENDITURE – REVENUE CASH VOUCHER NUMBER | | | | | | |
| The advance has been verified and adjusted to CZK: | | |  |  |  |  |
| Paid advance: |  | Additional payment – overpayment: |
| In words: | | |  |  |
|  |  |  | Adjusted by (date and signature) | Recipient (date and signature) |
|  |  |  |  |  |
| Cashier (date and signature) |  | Transactor (date and signature) |  | Budget Manager (date and signature) |  | Chief Accountant (date and sign.) |

2022.10