

Łódź, date:

.....
Name and surname

.....
Discipline/ Index No.

.....
.....
Name and surname of the Supervisor / title of the doctoral thesis

Director of the Doctoral School of Humanities of the University of Lodz
dr hab. Joanna Sowa, prof. UL

APPLICATION FOR FUNDING

I would like to ask University of Lodz Doctoral School of Humanities for funding of the following:
participation in a conference / publication / materials / services / other*

I am applying for funding in the amount of...

1. Conference/Scientific query

.....
Title of the conference, place and date, type of the conference (on-line, stationary)/Scientific query – date and place

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Title of the speech

.....
Date of departure and return

2. Publication

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Title of publication/ name of the journal or publishing house/number of points/purpose of funding, e.g. publication fee, proofreading

3. Materials (e.g. office supplies, purchase of books and magazines, materials necessary for the implementation of the project - please indicate the type of purchase in detail)

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4. Services (please indicate the type of service in detail)

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5. Other (e.g. purchase of licenses, access to scientific services and databases)

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Estimate

#	Item	Detailed list of expenses	Cost of individual items
1	Conference/Scientific query (please indicate the cost of the activity that will be funded, e.g. conference fee, accommodation, travel):	a) conference fee: b) accommodation: c) transportation: d) travel allowances:	
2	Publication (please indicate the activities which will be funded):		
3	Materials		
4	Services		
5	Other		
Total			

- ☐ I declare that I have not obtained funding from other external or university sources for the indicated items.
- ☐ I declare that the obtained funding will be spent and settled in the current calendar year.
- ☐ I have read and understood the rules regarding purchase invoices issued through the National e-Invoice System (KSeF).

.....
Date and signature

Opinion of the Doctoral Supervisor (whether the activity is related to the preparation of the thesis):

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Date and signature of the Doctoral Supervisor

Decision of the Director of University of Lodz Doctoral School of Humanities:

I accept/do not accept*

*Delete as applicable

.....
Date and signature of the Director