###### DANE OSOBY/INSTYTUCJI FINANSUJĄCEJ LUB DOFINANSOWUJĄCEJ SZKOLENIE

1. Deklaruję gotowość finansowania szkolenia w WSPA w Lublinie na warunkach ustalonych przez władze uczelni.
2. Przyjmuję do wiadomości, że opłaty wnoszone są z góry.

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| Nazwa instytucji finansującej/ Imię i nazwisko osoby finansującej szkolenie

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Adres (ulica) instytucji finansującej/ osoby finansującej szkolenie

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Miejscowość

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NIP instytucji finansującej/ osoby finansującej szkolenie Telefon (z numerem kierunkowym)

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**DOFINANSOWANIE OBEJMUJE**

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|  | Opłatę szkolenia  |  |  |  |  |

Kwota/procent 1\* dofinansowania do szkolenia

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Uwaga! 1)przy wpisywaniu wielkości dofinansowania w procentach należy dopisać symbol % na końcu wartości\*)niepotrzebne skreślić

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|  | Proszę o wystawienie FV\* |

\* WSPA wystawia FV w ciągu 7 dni od daty wpływu opłaty kosztu szkolenia na konto WSPApieczątka instytucji ………………………………………….. Data i podpis osoby upoważnionej |

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|  | W przypadku zmiany danych dotyczących/ instytucji lub kwoty dofinansowania zobowiązuję się poinformować WSPA o zaistniałych zmianach w ciągu 7 dni od dnia w którym wystąpiły zmiany. |