**College of Applied Sciences „Lavoslav Ružička“ in Vukvoar**

**Erasmus+ programme**

**ACCOMMODATION RESERVATION REQUEST FORM**

**Staff member**

|  |  |
| --- | --- |
| **FIRST NAME** |  |
| **FAMILY NAME** |  |
| **PLACE, DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **PASSAPORT/ID CARD NUMBER** |  |
| **PHONE** |  |
| **E-MAIL** |  |
| **HOME INSTITUTION** |  |
| **ERASMUS ID CODE (OF HOME INSTITUTION)** |  |

**Accommodation information for reservation**

|  |  |
| --- | --- |
| **DATE OF ARRIVAL** |  |
| **DEPARTURE DATE** |  |
| **TIPE OF ACCOMODATION** | **HOTEL  PRIVATE ACOMODATION** |
| **PROPOSAL OF PREFERED OBJECT (IF any)** |  |
| **TYPE OF ROOMS** | Number of needed rooms |
| **SINGLE (R1)** |  |
| **DOUBLE (R2)** |  |
| **DUBLE WITH TWIN BEDS (R3)** |  |
| **In case of the arrival more people**  **Indicate a names and surnames of person in room**  **(by needed rooms R1 –first – names; R1- Second- names)** |  |
| **ACCOMODATION COSTS WILL BE PAYED BY** | **ARRIVAL STAFF  SENDING INSTITUTION** |
| **OTHER (Information on the payer)** |
| **IS THERE A NEED FOR ANY DISABILITY (IF YES-IDENTIFY REQUIREMENTS)** |  |
| **ERASMUS+ MOBILITY GRANT** | **YES  NO** |
| **REASON FOR VISIT** | **PARTNERSHIP AGREEMENT  TEACHING  TRAINING** |
| **OTHER (Indicate the reason)** |

**Place:**

**Date:**

**Signature of Requester:**

Singed Accommodation Request form has to be send scanned to [erasmus@vevu.hr](mailto:erasmus@vevu.hr)