

Additional payment for Academic visitor

Date: _____

To: The Executive Vice President for Academic Affairs

From: _____ Department: _____
Head of the department

Given Name: _____ Surname: _____

I.d./Technion no. : _____ Nationality: _____

Period of additional payment: from _____ until _____

Monthly additional payment of: _____ Budget no. _____

The host (name of a faculty member): _____ Phone no. _____

Signature: _____ Date: _____
Head of the department Host

Budget Approval:

Approved from: _____ until: _____ no. of months: _____

Monthly additional payment: _____ Sum: _____

Approval no. _____ Budget no. _____

Date: _____ Name & signature: _____
