**DeclaraTION**

Traveller:

Full name\*:

Contact (email)\*:

Contracting Entity\*:

Type of Contract (Work-contract/Fellowship)\*:

Research Unit\*:

Journey:

Origin – Country/City\*:

Destination – Country/City\*:

Start date\*:

End date\*:

FCiências.ID Cost Centre\*:

I declare on my word of honour that I will complete a 14 days period of quarantine related to the above mentioned travel, counting from the day of arrival in Portugal (exclusive).

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Note: \* Mandatory