

.....
(Name and Surname)

Lublin
(date)

.....
(permanent address)

.....
(year of study, faculty)

.....
(student ID no)

.....
(passport no)

**Financial Office
of the Medical University of Lublin**

Please refund me the amount of PLN, which is an overpayment for the
dormitory in the academic year 20. /20.

please send me the overpaid amount to the bank account number:

.....

.....
(student's signature)