**Confirmation of Erasmus+ staff mobility for TEACHING/TRAINING**

**2019/2020**

 **Staff**

**Name:**

**Sending Institution**

**Name:** Instituto Politécnico de Santarém **Erasmus Code:** P SANTARE01

**Country:** Portugal

##### Receiving Institution

**Name:**

**Erasmus Code:** **Country:**

This is to certify that the beneficiary undertook a teaching mobility assignment under the Erasmus+ Programme at our Institution from the \_\_/\_\_\_/20 to the \_\_/\_\_/20.

Date:

Stamp and Signature:

Name of signatory:

Function: