

*Charles University, Faculty of Social Sciences*

**Employee’s statement to draw a meal voucher allowance**

**First and last name:** …………………………………………………………………..….

**Date of birth:** ………………..….

**Workplace:** ………………………………………………………………………….….

I hereby declare that in the calendar year of …………… I do not intend to draw a meal voucher allowance from the employer and for this reason I will not assume the meal vouchers, or the payment card MULTIPASS CARD - a card to which the employer recharges the value of the meal vouchers.

Date: ……….. Employee’s signature: ………………………..

Assumed on behalf of the employer:

Date: ……….. Name and signature: …………………………