



UNIVERSITA' DEGLI STUDI DI MILANO-BICOCCA
Piazza dell'Ateneo Nuovo, 1
20126 - Milano

REQUEST TO USE OWN TRANSPORT FOR ENTIRE MISSION
(to be submitted at the same time as the mission form when requesting authorisation)

I, the undersigned,.....

registration no. role.....

working for

will take part in the following mission:

that will take place from to in

ask for authorisation to use the following means of transport

in the name of:

family relationship with the person going on the mission:

model: licence no.

insurance policy no. Insurer (*indicate if fully*

comprehensive insurance) policy expiry date

for the following reason:

.....
.....
.....
.....

Consequently, I hereby expressly state that the aforementioned means of transport (vehicle) is in perfect working order and indemnify the Administration from any direct or indirect liability for using it.

The personal details above shall be processed in accordance with the means and limits established by the Privacy Protection Code (Leg. Decree 196/2003)

Milan,

Applicant

The undersigned, noting the exceptional circumstances, the **specific service requirements** and the costs, authorises the use of the applicant's own means (vehicle) for mission indicated above.

Authorisation granted.

Prof./Dr/Mr/Ms.....