



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

**REQUEST FOR ADVANCE PAYMENT OF MISSION  
 EXPENSES**

(only teaching staff, researchers, directors and technical/administrative staff at the university may submit such requests and they must be received at least 15 days prior to departure - see Article 13 of the University's Mission Rules)

I, the undersigned, .....  
 registration no. .... role.....  
 working for ..... ask for an advance payment of the travel expenses for  
 a mission in Italy to take part in: ..... that will  
 take place from ..... to ..... in .....

The advance payment will cover 75% of the total forecast amount for the trip:

- Transport €.....
- Accommodation €.....
- Conference fee € .....
- no. 1 meal –  no. 2 meals (\*) €..... (\*) put an x in the relevant circle without indicating an amount

**Attachments:**

- **1 photocopy of the mission assignment**
- **1 quotation for the accommodation from the hotel**
- **1 photocopy of the travel ticket (or quote from the travel agent/company providing the service)**

The advance payment may be requested by employed staff of this university for missions of more than two days. The advance amount shall be balanced when the mission costs are settled.  
 Should a mission not take place, then the advance payment must be returned to the Mission Office as quickly as possible.  
 Milan,

Applicant  
 .....

APPROVED  
 Head of the Cost Centre (\*)

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

SOLELY FOR ADMINISTRATIVE USE

<b>CONTEXT</b>		
TRANSPORT	€	
OVERNIGHT STAY	€	
MEALS	€	
CONFERENCE	€	
AMOUNT PAYABLE (75%)	€	

(\*) GENERAL DIRECTOR - HEAD OF DEPARTMENT - HEAD OF CENTRE - DEAN OF SCHOOL - AREA MANAGER