

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

I, the undersigned,	ask for authorisation for the
reimbursement of the expenses indicated below:	
TAXI:	
Detailed reason:	
VEHICLE HIRE:	
Detailed reason:	
ACCOMMODATION COSTS:	
Detailed reason:	
Detailed reason.	
MEAL COSTS:	······································
Detailed reason:	
	sions that are more than 800 km from their standard workplace, for which it would more than 24 hours for the first 800 km, and then equivalent stopovers every 600 train sleeper car, a train with a sleeping berth or an airplane):
Detailed reason:	



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

OTHER EXPENSES:		
Detailed reason:		
	Signed	
I, the undersigned, Prof/Dr/Mr/Ms	Director/Chair/Area Manager	
	, as foreseen by the final	
subsection of Article 7 of the University's Mission Rul	es, authorise the expense reimbursements	
indicated above.		
	signed	
CONFIRMATION	OF ATTENDANCE	
(indicate the conditions, personal circumstances or facts for the reimbursement that can be self-certified pursuant to Article 47 of Presidential Decree no. 445/2000 - this administration can apply the measures set out in Article 71 of Presidential Decree no. 445/2000).		
I, the undersigned,, aware of the criminal sanctions set out in Article 76 of Presidential Decree no. 445 of 28/12/2000 for making false statements and preparing and/or using false documentation, in the absence of confirmation of attendance or an equivalent document (flyer, mail, fax, etc.) to attach to the expense reimbursement request, do hereby confirm that I took part in the following:		
which took place on		
	Signed	
Approved Director/Chair/Area Manager		
signed		