



UNIVERSITA' DEGLI STUDI DI MILANO-BICOCCA
 UFFICIO MISSIONI
 P.zza dell' Ateneo Nuovo, 1
 20126 MILANO
 Tel. 02.6448.6134 - 6021

APPLICATION TO USE OWN TRANSPORT

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 transport means (vehicle).....
in the name of:
 family relationship with the person going on the mission:
 model: licence no.
 insurance policy no. insurer (indicate if fully comprehensive)

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 this means of transport.
 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

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

Authorisation granted.
 Commission Chair, Prof./Dr./Mr/Ms

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