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:

**MEAL COSTS:**

Detailed reason:

**STOPOVERS** (see Article 11 Law 836/1973 - For employees on missions that are more than 800 km from their standard workplace, for which it would take at least 12 hours on a train to get there, it is permitted to stop over for no more than 24 hours for the first 800 km, and then equivalent stopovers every 600 additional kilometres. Stopovers are not permitted when the trip is taken in a train sleeper car, a train with a sleeping berth or an airplane):

Detailed reason:
OTHER EXPENSES: ……………………………………………………………………………………

Detailed reason: ……………………………………………………………………………………

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…………………………………………………………………………………

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 Rules, 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


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 ……………………………………………………………………………………

from …………………………………………… to ……………………………………………

Signed

Approved

Director/Chair/Area Manager

signed