

## LECTURER ASSIGNMENT

DOCUMENT NO. \_\_\_\_\_ DOCUMENT TYPE \_\_\_\_\_ BUSINESS PERIOD \_\_\_\_\_

The undersigned \_\_\_\_\_ assigned to the  
 Management control system \_\_\_\_\_ intends  
 to entrust to Prof./Dr. \_\_\_\_\_ qualification  
 \_\_\_\_\_ employed by \_\_\_\_\_

Professional self employed \_\_\_\_\_  Vat Number \_\_\_\_\_

the task of lecturer as expert with proven competence (please specify the subject)

\_\_\_\_\_ within the seminar/meeting \_\_\_\_\_ on the  
 research/project \_\_\_\_\_ expected from  
 \_\_\_\_\_ to \_\_\_\_\_ .

The designation of an external figure is necessary as the objective/task can not be completed by departmental staff for the following reasons

- The Department staff is already busy with other teaching and research activities;
- The Department staff does not have the specific competences required for the execution of the present task.

The task consists of no. \_\_\_\_\_ lesson hours.

The remuneration for the task will be:

- lump sum payment of euro (gross amount) \_\_\_\_\_
- travel costs from \_\_\_\_\_ to Trento for the period from \_\_\_\_\_  
 to \_\_\_\_\_ by \_\_\_\_\_ (ticket made by  
 agreed Travel Agency \_\_\_\_\_ as stated in the e-mail dated  
 \_\_\_\_\_ )
- overnight costs directly paid by University for no. \_\_\_\_\_ nights by Hotel \_\_\_\_\_  
 CIG n. \_\_\_\_\_
- overnight costs paid by the person concerned for no. \_\_\_\_\_ nights
- food costs directly paid by University by Restaurant \_\_\_\_\_  
 CIG n. \_\_\_\_\_
- food costs paid by the person concerned

date \_\_\_\_\_

signature \_\_\_\_\_

RESERVED TO THE PERSON IN CHARGE OF THE MANAGEMENT CONTROL SYSTEM

- All legal duties for the “Controllo della Spesa” (Expenses control) have been fulfilled (e.g. addition into Adeline system and publication on the University website)
- No legal duty for the “Controllo della Spesa” (Expenses control, e.g. addition into Adeline system and publication on the University website ) is necessary since it is only about the reimbursement of the expenses covered by the person concerned
- The costs are to be ascribed to the Project/Cost Centre \_\_\_\_\_

**approved**

*the person in charge*

\_\_\_\_\_

date \_\_\_\_\_

For the kind attention of

Dr./Prof. \_\_\_\_\_

By \_\_\_\_\_

Trento University

Address \_\_\_\_\_

Trento

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## TASK ACCEPTANCE

The undersigned prof./dr. \_\_\_\_\_  
accepts the assignment for the teaching activity dated \_\_\_\_\_

By prof./dr. \_\_\_\_\_ (please  
indicate name and role of the designating professor)

Date \_\_\_\_\_

Signature \_\_\_\_\_

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