



## BUSINESS TRAVEL EXPENSE REIMBURSEMENT CLAIM

DOCUMENT NO \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR \_\_\_\_\_  
 DOCUMENT NO \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR \_\_\_\_\_  
 DOCUMENT NO \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR \_\_\_\_\_

### To the Head of the Management Centre

The undersigned \_\_\_\_\_  
 qualification/title \_\_\_\_\_  
 employed by \_\_\_\_\_  
 current address (if different from permanent address) \_\_\_\_\_

Data to be provided by external/affiliated staff that are not a part of the permanent staff of the University of Trento:

tax code \_\_\_\_\_ telephone \_\_\_\_\_  
 place of birth \_\_\_\_\_ (province ) date of birth \_\_\_\_\_  
 residing in: street \_\_\_\_\_ no \_\_\_\_\_ municipality \_\_\_\_\_  
 city \_\_\_\_\_ postal code \_\_\_\_\_ province \_\_\_\_\_

### r e q u e s t s

reimbursement of expenses related to business travel to \_\_\_\_\_  
 start date \_\_\_\_\_ time \_\_\_\_\_  
 end date \_\_\_\_\_ time \_\_\_\_\_

For business travel abroad declares:

Departure: border crossing<sup>(1)</sup> date \_\_\_\_\_ time \_\_\_\_\_  
 Return: border crossing <sup>(1)</sup> date \_\_\_\_\_ time \_\_\_\_\_

By following payment method:

- direct wire transfer to the bank account <sup>(2)</sup>
- other authorized methods<sup>(3)</sup> \_\_\_\_\_

<sup>(1)</sup> For border crossing by air indicate the time of landing in the country of destination and the time of take-off from the country of destination, excluding transits through other airports.  
<sup>(2)</sup> To be specified on the last page of this form only if different from the banking information for the previous business travel reimbursement.  
<sup>(3)</sup> Any other expenses are to be covered by the beneficiary.



The undersigned, have taken note of criminal sanctions stipulated by the Art. 76 of the Decree of the President of the Republic no 445 as of 28 December 2000 with regard to administrative documents and assumes full responsibility for any false declarations or documents, use and submission of documents containing false or unauthentic information.

DECLARES OTHERWISE

to have received an advance payment of € \_\_\_\_\_

to lack supporting documents for the reported business travel and declares to have travelled to \_\_\_\_\_ for the following purpose \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

to have been offered by the hosting institution  meals in the period \_\_\_\_\_  
and/or  lodging in the period \_\_\_\_\_

to have made a stop-over without prior authorization in \_\_\_\_\_  
for the purpose of \_\_\_\_\_ (unforeseen cause)

to have used an extraordinary means of transportation \_\_\_\_\_  
without prior authorization, for the following purpose \_\_\_\_\_ (unforeseen cause)

that the business travel was undertaken in the framework of the program \_\_\_\_\_ financed  
and that the agreement foresees \_\_\_\_\_

other \_\_\_\_\_



Please enclose all supporting documents for the travel expenses and enclose them stapled to the below pages <sup>(4)</sup>:

**1) TRAVEL TICKETS**

Airplane from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Airplane from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Train from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Train from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Train from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Train from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Train from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Taxi from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Other from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Other from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Other from \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ € \_\_\_\_\_

Transfer to and from the airport € \_\_\_\_\_

Business travel by previously authorized business vehicle

In case of business travel by previously authorized private vehicle declares:

to have travelled a distance of \_\_\_\_\_ accompanied by colleagues \_\_\_\_\_

Eventual highway toll fees € \_\_\_\_\_

**2) LODGING** (for business travel abroad indicate amount in foreign currency)

For the purpose of lodging cost reimbursement encloses no \_\_\_\_\_ hotel invoices/bills for  
number of nights \_\_\_\_\_. For a total of € \_\_\_\_\_

**3) MEALS** (for business travel abroad indicate amount in foreign currency)

For the purpose of meal cost reimbursement of attaches no \_\_\_\_\_ invoices/bills  
for days \_\_\_\_\_ For a total of € \_\_\_\_\_

**4) REGISTRATION FEES TO A CONFERENCE/CONGRESS AUTHORIZED AND PAID DIRECTLY**

invoice/bill no \_\_\_\_\_ date \_\_\_\_\_ € \_\_\_\_\_

The undersigned declares to have been informed that the personal data contained in this form are to be stored in the paper-based and electronic archives of the University of Trento and used solely for business purposes. The undersigned also declares to have received the information stipulated by the Art.13 of the Legislative Decree no 196 as of 30 June 2003 (Personal Data Protection Code).

Date \_\_\_\_\_

Signature \_\_\_\_\_

<sup>(4)</sup> Please also enclose the tickets purchased by means of a business credit card or paid directly by the University of Trento, specifying the payment method.



PART RESERVED TO THE REIMBURSEMENT OFFICE

FULL PER DIEM € \_\_\_\_\_

	day	meal	lodging	per diem
ITALY	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
ABROAD	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
TOTAL		_____	_____	_____

Travel expenses € \_\_\_\_\_

Lodging (no \_\_\_\_\_ nights) € \_\_\_\_\_

Meals € \_\_\_\_\_

Registration fees € \_\_\_\_\_

Other expenses € \_\_\_\_\_

Per diem for business travel abroad € \_\_\_\_\_

**GROSS TOTAL** € \_\_\_\_\_



DETAILS OF REIMBURSEMENT

Net amount to be paid to the beneficiary € \_\_\_\_\_

Advance payment € \_\_\_\_\_

Travel ticket cost to be paid to the travel agency € \_\_\_\_\_

Taxes, wage and social security withholdings € \_\_\_\_\_

Payroll taxes and social security withholdings paid by the University € \_\_\_\_\_

**TOTAL** € \_\_\_\_\_

Register with the code **1FZ** for training expenses of technical and administrative employees:  YES  NO

SUPPLIER'S CODE

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

GENERAL ACCOUNT CODE  \_\_\_\_\_

SUPPLIER'S CODE

Date \_\_\_\_\_ Signature \_\_\_\_\_

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PART RESERVED TO THE HEAD OF THE MANAGEMENT CENTER

The cost is to be assigned to the Project/Cost Center \_\_\_\_\_

**Approval: authorized**

*Fund Manager*

data \_\_\_\_\_



## BANKING PAYMENT NOTES

### ❑ **WIRE TRANSFERS WITHIN ITALY**

The following data shall be provided:

- Complete details of the bank (bank branch, address, city ....);
- Country code (IT);
- ABI/CAB (bank code) (10 characters);
- Current account number (12 characters);
- CIN (national control number) (1 letter).
- IBAN code (27 alphanumeric characters);

### ❑ **WIRE TRANSFERS TO EUROPEAN COUNTRIES THAT ADHERE TO THE IBAN SYSTEM**

In addition to Italy, the following European countries subscribe to the IBAN standard as of 29 April 2004: Andorra, Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Hungary, Iceland, Ireland, Lithuania, Luxemburg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. For banks located in these countries please provide the following information:

- Complete details of the bank (branch, address, city ..);
- Country code (2 characters – according to the SAP table);
- Bank code (corresponding to the national code of the bank, e.g.: code banque – code guichet, BLZ, sort code, etc);
- Current account number
- National control number (control field compulsory only for FRANCE, SPAIN, AND PORTUGAL)
- IBAN code;
- Swift code (compulsory regardless of the country of destination of the wire transfer - max 11 characters).

### ❑ **WIRE TRANSFERS TO COUNTRIES THAT DO NOT ADHERE TO THE IBAN SYSTEM**

- Complete details of the bank (branch, address, city ..);
- Country code (2 characters - shown in the SAP table);
- Current account number
- Swift code (compulsory regardless of the country of destination of the wire transfer - max 11 characters).
- The ABA (routing transit number) is compulsory for transfers to the United States (indicated in the bank code field) as the SWIFT code is not always available. Please always indicate the Swift code.

The account number must be entered without spaces, dashes or slashes. The IBAN code is compulsory. The Treasurer cannot make a payment without this code (except for wire transfers to countries not adhering to the IBAN standard).

The length of the IBAN code varies and can contain a maximum of 34 alphanumeric characters, depending on the country. The first two digits refer to the country code, the next two numbers represent the control digit of the accuracy of the IBAN and the remaining digits correspond to local information, such as the bank and the account number.

If a beneficiary has more than one current accounts, the details of the main current account (B1) shall be provided. If one of the bank accounts inserted in SAP has to be cancelled, the beneficiary should fill out the corresponding section of the form.

The information provided shall be as complete and accurate in order to avoid delays in payment.

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FIELD RESERVED FOR EVENTUAL BANKING INFORMATION

NAME OF THE COMPANY/ FULL NAME OF THE INDIVIDUAL \_\_\_\_\_

PAYMENTS

IF THE MEANS OF PAYMENT IS WIRE TRANSFER TO EUROPEAN COUNTRIES THAT SUBSCRIBE TO IBAN NORMS (SEE NOTES):

BANK DETAILS name \_\_\_\_\_ street \_\_\_\_\_ no \_\_\_\_\_ municipality \_\_\_\_\_ postal code \_\_\_\_\_ country \_\_\_\_\_

Beneficiary of the bank account if different from the supplier \_\_\_\_\_

country code bank code current account number control code

IBAN

IBAN grid

SWIFT grid

SWIFT

IF THE MEANS OF PAYMENT IS WIRE TRANSFER TO COUNTRIES THAT DO NOT SUBSCRIBE TO IBAN NORMS(SEE NOTES) :

BANK DETAILS name \_\_\_\_\_ street \_\_\_\_\_ no \_\_\_\_\_ municipality \_\_\_\_\_ postal code \_\_\_\_\_ country \_\_\_\_\_

country code bank code BLZ / SORT CODE / ABA (routing transit number)

SWIFT current account number

IF THE MEANS OF PAYMENT IS POST OFFICE CURRENT ACCOUNT:

ITALIA I T bank code ABI code CAB code post office current account number

BANK ACCOUNT TO CANCEL

country code bank code current account number