



EXPENSE REIMBURSEMENT REQUEST FORM ANTICIPATED ON BEHALF OF

DOCUMENT NO. TYPE YEAR

To the Head of the Management Centre

The undersigned

place of birth (prov.) on

resident in no. city

district postal code province

fiscal code telephone

m for participation in the seminar/conference

m as visiting foreign professor

m other

requests

reimbursement for the expenses paid on behalf of the Management Centre

anticipated on for

as specified hereunder:

m travelling expenses total amount Euro

m lodging (number of nights) total amount in Euro

m meals (no.) total amount in Euro

for a total amount of Euro

Number of document expenses

payment made by:

m direct credit (1) to bank acct. no. CIN ABI

CAB Bank of

Branch

m other acceptable methods of payment (2)

The Undersigned declares to have been informed that the personal data contained in this present form is to be stored in the paper-based and electronic archives of the University and used only for institutional needs. I also declare to have received the information provided by art. 13 of the D.Lgs. dated 30 June 2003, no. 196 (Italian Law on personal data protection).

date

signature

(1) to fill out only if it is changed compared to the contract
(2) any other expenses shall be paid by the beneficiary



PART RESERVED TO THE HEAD OF THE MANAGEMENT CENTRE

The cost is to be assigned to the Project/ Cost Centre _____

Approved: Authorisation by *Department Head*

date _____

RECEIVED

The undersigned

declares

to have received the sum of Euro _____

date _____

signature _____