



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF HEALTH SCIENCES

Via Solaroli, n. 17 – 28100 Novara

## EXPENSES REIMBURSEMENT (AMOUNT < € 250,00)

I, the undersigned \_\_\_\_\_  
member of Research Group of Prof. \_\_\_\_\_ @ \_\_\_\_\_,  
ask for reimbursement of € \_\_\_\_\_ spent on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
for the following expenses documented by **receipt or sales slip**, listed below:

Supplier	Object of expense	N° of attachments	Amount - €
<b>TOTAL</b>			€

UPB: \_\_\_\_\_

MATERIALS SUBJECT TO INVENTORY: YES  NO

Signature

Holder UPB  
Prof.

\_\_\_\_\_

\_\_\_\_\_

(for administration only)

Registrazione Easy n. _____ del _____	INV. n. _____ Buono di Carico n. _____ del _____ UBICAZIONE: _____
UPB _____	TIT. ____ CAT. ____ CAP. ____
Pren. _____ Impegno _____	Liquidazione _____ Mandato n. _____

The Director \_\_\_\_\_

Signature (when reimbursed) \_\_\_\_\_

Novara, lì \_\_\_\_\_