



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF TRANSLATIONAL MEDICINE

Via Solaroli, n. 17 – 28100 Novara

Authorization Mission

A) Request

I, the undersigned _____

Position _____ from ____ / ____ / _____ to ____ / ____ / _____

Collaborating with Prof. _____

Lab. _____ Mobile phone _____

ASK the authorization to carry out the following mission:

Place : _____ (____)

Reason : _____

Reachable within 90 minutes with fastest public transportation: ☐ YES - ☐ NO

obligation to daily return (I): ☐ YES - ☐ NO

(if you answer NO, please specify the reasons : _____

_____)

The duration of the mission, to be fulfilled by the following means of transportation:

_____ is expected to last _____ days including the journey that will begin on the date ____ / ____ / _____ at _____ (time).

Reasons for the use of means other than ordinary railroad : _____

The expenditure is charged to the fund: _____ ,
assigned to _____ .

B) Own vehicle

I, the undersigned declare that I shall undertake the journey related to the mission using my own car: Brand _____ Number Plate _____

(1) When the purpose of the mission allows to do it, and the location of the mission is reachable within 90 minutes (in case of impossibility to return please specify the reasons).



Motivation : _____
_____.

I raise the Administration from any responsibility for the use of my own car, as stated in the “*Regolamento Decreto Rettorale n. 131/2015*”.

In relation to this mission, I ask to be refunded of travel expenses for a total amount of € _____, within the limits of the costs of public transport.

Attached you will find the details of the costs of public transport for the route.

C) Taxi

I, the undersigned ask the reimbursement of the expense of € _____ supported for use of the taxi on the date _____ / (month) _____ to go to _____ for the mission.

The use of the taxi was necessary for service reasons.

Novara, _____

Signature

Holder UPB

Prof.

VISA FOR AUTHORIZATION

The Director
