***Request for reimbursement for seminar n. \_\_\_\_\_\_\_\_***

i, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

under my full responsibility declare

to have fulfilled the mission from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to novara – dipartimento medicina traslazionale

starting day \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_\_\_ time \_\_\_\_\_\_\_\_\_

ending day \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_\_\_\_ time \_\_\_\_\_\_\_\_\_

mission object

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also declare:

* That the mission was carried out in place other than the habitual residence
* To have benefited accommodation or meals free of charge **🞎 yes 🞎 no**

I also ask for

reimbursement of expenses \*, documented ***in the original***

Attached : **🞎** Authorization date (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞎** Travel Tickets **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

🞎 Urban public transport tickets **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

🞎 Toll / parking **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎** Hotel invoice **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎** Invoice / Receipt for meals **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎** Congress registration fees **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎** Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **Total € \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total expenses € \_\_\_\_\_\_\_\_\_\_\_\_\_**

Novara, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Holder UPB

Prof.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_