UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF HEALTH SCIENCES

Via Solaroli, n. 17 – 28100 Novara

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.

_____

**In daily limits specified in the Regulations Rector's Decree no. 131/2015*