TRAVEL APPOINTMENT
AND PAYMENT AUTHORISATION OF RELATIVE EXPENSES
(according to Missions Regulations)

The Department authorized
___________________________________________________________________________________

Qualification __________________________ e-mail __________________________

To travel to __________________________ from ___/___/______ to ___/___/______

for
___________________________________________________________________________________

(specify the purpose of the travel)

• Please fill in and sign the following sections A and B of the form, to proceed with reimbursement

AUTHORIZATION TO PERFORM THE MISSION

Section A

The following means of transportation will be utilized during the travel:

□ Train □ Coach □ Ferry Boat □ Other
□ Airplane □ Ship □ University car
□ Private vehicle (please fill in the AP form for the authorization to use a private vehicle)

The expense will be charged to the following budget chapter, where the funds are available:

Project __________________________

Date _____/_____/_________

BUDGET AUTHORIZATION

____________________________________

DIRECTOR

Prof. Franco Fummi
PAYMENT AUTHORISATION OF EXPENSES SUSTAINED

Section B

Date of departure   ____/____/____   time of departure        ____:____
Date of return        ____/____/____    time of return             ____:____

The originals of the following documents are included:

□ Travel voucher and boarding passes n. ___     □ Hotel invoice n. ___     □ Meal invoice n. ___
□ Other n. ___

The undersigned hereby declares, under his/her own responsibility (please cancel the choices that do not apply):

• To have received / not to have received an advance of  € __________
• To have received / not to have received food, travel and lodging free of charge
• That he/she did not receive sums from other organizations for the same purpose
• That he/she has/does not have any leave of absence or temporary leave time pending

The undersigned acknowledges that Legislative Decree n° 196 of 30/06/03 provides for protection of the privacy of physical and juridical persons and treatment of private information. According to the indicated Legislative Decree, said treatment will be performed according to the principles of correctness, legality and transparency, to protect your confidentiality and rights. In accordance to Article 13 of the aforementioned Decree, please be informed that the treatment to be implemented:

a) will be for the purpose of permitting liquidation, ordering and payment in your favor of remuneration due and the application of the fulfillsments foreseen by current laws;

b) will be performed prevalently through information technology means;

c) the information in the possession of the University will be supplied to other public institutions for the performance of their respective institutional functions, within the limits established by the law.

AND HEREBY AGREES

to communicate any variations in the above indicated information to the University in a timely manner and to hold the University exempt from any responsibility in this connection.

SIGNATURE (of the person performing the travel)

___________________________________________

Date of the document delivery

Verona, ________________