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

AUTORIZATION 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)
□ Travel by car with: ___________________________ □ Travel to □ Travel back

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

Project ______________________________________

Date _____/_____/_____

BUDGET AUTHORIZATION

________________________________________

DIRECTOR

Prof. Roberto Giacobazzi
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 fulfilments 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, _________________