



Trieste, _____

TRAVEL REIMBURSEMENT REQUEST

To the Dpt. Administration
SEAT

Applicant: _____ UNITS ID n.: _____ position: _____

residence (municipality): _____ in service with: _____

Travelling to: _____ From (date and hour) _____ To (date and hour) _____

Date and hour at the border (leave) _____ Date and hour at the border (back) _____

Motivation: _____

ACTUAL COSTS:

CURRENCIES AND AMOUNTS (free field)

1. TRAVEL _____ 1. _____

2. OTHER ORDINARY MEANS (bus, metro,...) _____ 2. _____

3. FEES AND EVENT REGISTRATION _____ 3. _____

4. HOTEL in the authorised period of the travel _____ 4. _____

5. MEALS in the authorised period of the travel _____ number of issued documents: _____ 5. _____

6. OTHER COSTS _____ 6. _____

7. EXTRAORDINARY TRANSPORTS:

a. OWN CAR Mileage (km) _____

for admin staff and temporary/equivalent personnel: as of art. 10 comma 6 of UNITS Regulation, I hereby attach a proof of the average cost of the train/bus in place of the mileage cost refund.

(for professors and researchers, mileage cost calculated automatically by the accounting system)

7.a _____

b. OTHER EXTRAORDINARY MEANS _____ 7.b _____

(IF APPLICABLE) ADVANCE PAYMENT RECEIVED _____

REIMBURSEMENT: Actual costs Per diem (only travels abroad >24 hours)

Accounting fund _____

Accounting fund _____

The undersigned declares under his/her liability that the content above is true and correct and:

- not to be on any leave from work;
- not to receive other benefits, reimbursements or indemnities from other Bodies for the same costs.

THE APPLICANT
