



To the Dpt. Administration
SEAT

ADVANCE PAYMENT REQUEST

The undersigned _____ position _____
in relation to the travel to _____ in the period
_____ asks for the advance payment of the foreseen expenses as of [art. 16 of the UNITS Travel Regulation](#) and declares

to be aware of the approval criteria established by the Department Council Meeting n. 149/2022

to expect final travel costs of more than 600 Euro, as foreseen in the submitted travel authorization request

I attach proofs of the following pre-paid expenses for Euro

Date, _____

THE APPLICANT

Accounting check (by the Department Administration)

Advance payment:

Fund:

Approval

AUTHORISED

NOT AUTHORISED

FUND RESPONSABILE PERSON

FUND RESPONSIBLE PERSON
