

MISSION AUTHORIZATION REQUEST

Name and surname _____ I.D. _____

Title _____ In service at _____

Mission start date _____ Mission end date _____ Mission location _____

Transport _____ Purpose of the mission _____

STATEMENT FOR INSURANCE PURPOSES

The undersigned is aware that failure or delay in notifying the Secretariat of the Department of any renunciation or any variation relating to the duration, effective date or modality of the mission before the aforementioned date and, in any case before the start of the mission, as well as the failure to send, at the end of it, the liquidation request, even if there is no request for reimbursement of expenses, will constitute a debt to the University Administration for the insurance fees it paid on my behalf.

DECLARATION OF AVAILABILITY OF FUNDS

The expenditure of the mission must be chargeable to the funds

For which it is responsible _____

Caserta, _____

(Signature of the owner of the funds)

WE AUTHORIZE
The director of the Department

THE COORDINATOR

Signature of the person carrying out the mission

DECLARATION OF AUTHORIZATION TO USE YOUR OWN VEHICLE

The undersigned _____ asks to be authorized to use the own vehicle because:

- The mission cannot be carried out by public means of transport as the location is difficult to reach
- There is an evident economy connected to the number of participants (specify the number _____)
- Other reasons, (specify) _____

The undersigned declares to relieve the University of any liability deriving from the use of a private car owned by _____

_____ specify: model _____ and license plate _____

The undersigned Prof./Dr. _____ also declares that, with reference to the above mission, he/she will not benefit from further funding.

WE AUTHORIZE THE USE OF THE OWN VEHICLE
(The Director of the Department)

Considering the authorization of the owner of the funds
we authorize the mission
THE DIRECTOR OF THE DEPARTMENT
(Prof. Luigi TROJANO)

TO THE DIRECTOR OF DEPARTMENT
OF PSYCHOLOGY

LIQUIDATION APPLICATION

The undersigned _____
born on _____ in _____ and resident at _____
Street _____ n. _____ Postal code _____
Title _____ I.D. _____ in service at
_____ asks to arrange for
the settlement of the expenses of the mission carried out a
_____ started at _____ of _____ and finished at _____ of _____

REIMBURSEMENT OF EXPENSES

Attach regular invoices and/or tax receipts:

Accommodation: _____

Food: _____

Travel expenses: tickets, supplements

From _____ to _____ to _____ airplane € _____
From _____ to _____ to _____ ship € _____
From _____ to _____ to _____ taxi € _____
From _____ to _____ to _____ train € _____
From _____ to _____ to _____ bus € _____

He/she declares that he/she have paid an enrollment fee of € _____

He declares to have received an advance of € _____ with order no. _____ of _____

He/she requests that the above entitlements be credited to:

bank current account no. _____ at _____

Agency no. _____ office in _____ Street _____

Postal Code. _____ City _____

ABI _____ CAB _____

The undersigned declares that the liquidation must be paid:

Until the available fund runs out

Other _____

Caserta, _____

(signature)

(The declaration of personnel who have gone on mission and the validation of the Director of the Department or the Dean of the Faculty are expressed in compliance with the provisions of art. 26, paragraph 1 of the law of 4 January 1968 n. 15). The duration of the mission of non-teaching staff must be documented in accordance with the provisions of article 8 of law 18.12.1973 n. 836.