



UNIVERSITA' DEGLI STUDI
CAGLIARI

AUTHORIZATION TO PERFORM THE MISSION

To Sir/Madam: (1) _____

Office/Department: _____

OBJECT AND PURPOSE OF THE MISSION: (2) _____

Mr/Ms/Prof/Dr _____ is authorized to perform the following mission _____

Time: from _____ Date: _____

Location: _____

Itinerary: _____

Expected duration: _____ days, including travel

Authorization to use a vehicle: ordinary extraordinary

(3) MANDATORY DATA – The mission is borne by the following funds:

UO

UA

COAN Item

Project Code

Place and Date, _____

The Rector

(1) The person who will perform the mission and his/her institutional position.

(2) Please, specify the typology of the mission.

(3) To be indicated before the authorization, example:
(UO Organization Unit; UA Analytical Unit; COAN Analytical Accounting).