



UNIVERSITA' DEGLI STUDI
CAGLIARI

MISSION EXPENSES
REQUEST FOR REIMBURSEMENT

The Subscriber _____
 Title _____
 Parameter (non-State employees have to specify their equivalent rank) _____
 Place of residence _____ Address _____
 Object of the mission _____
 Location of the mission _____
 Itinerary _____
 Mission authorized by _____
 Day and time of departure from the place of residence _____
 Day and time at the crossing of border (out) _____
 Day and time at the crossing of border (in) _____
 Day and time of arrival at the place of residence _____

Attachments:

- Authorization to perform the mission, declaration of arrival and departure from the headquarters;
- Authorization to use extraordinary means of transport;
- Report of the mission;
- Participation certificate;
- Original documentation (please, specify which kind of documentation):

Any comments: _____

MANDATORY DATA - The mission is borne by the following funds:

UO
 UA
 COAN Item
 Project Code

Amount paid in advance by the Administration _____

(Subscriber's signature)

Place and Date, _____

The Subscriber declares that the above-mentioned information is true and accurate

The Head Of The Managing Center (1)
(Stamp and Signature)

 (1) The person responsible for the budget by which the mission is borne.
