

AUTHORIZATION ASSIGNMENT OF MISSION

(DR n. 681 of 07/03/2007 - University Regulations for service assignments)

At	born in: on:	
aualification:	addre tax code:	ess: matr . no
	has been appointed to co	arry out the following mission:
Discourant and the second		Description Event
Place of performance	Date of Performance	(documentation certifying participation will follow)
The expenditure commitment v	vill be borne by the budget chapter:	
Chapter:		
UPB\Project:		
Scientific manager:		
Signature of the Fund Owner		
	AUTHORIZATION TO USE TH	HE PRIVATE OR RENTAL VEHICLE
The use of a private vehicle is n	(to be completed by the per ecessary for the following reasons:	rson who confers the assignment)
 Place not frequently so Nature of the mission of transportation of delice Unavailability of ordinal ord	cate materials (indicate the material);	
* NB: for missions abroad it is the	e only reason allowed by the Regulati	ons.
This declaration must be issued if the	e previous box for granting authorization ho	us been completed .
The undersigned declare	es to release the University Department ar	nd the University Administration from any liability deriving from the use of the car
•	n. erves the right, in the event of the unexpec npliance with the criterion of the lowest pos	and owned by, ted and unexpected impossibility of using his own vehicle, to use, as far as possible, sible cost to be borne by the Administration.
of persons, in imple undertakes to respe abroad); declares that the au interests of the Engli	mentation of the health protocols for act the locally applicable regulations of the local pursuant to expense of the	s in force both of behavior and of limitation of the freedom of movement the risk of SARS-CoV-2; for limiting the risk of contagion from SARS-CoV-2 (in case of missions undeferrable service needs and that it is necessary and relevant in the cart. 13 Legislative Decree 196/2003 and for the purposes of article 13 of
Aversa,	Signature of the inte	rested party
	_	
	<u> </u>	Person authorizing the assignment tment - Prof. Alessandro Mandolini



The undersigned _____

REQUEST PAYMENT FOR MISSION

(Art. 26 of DR n. 681 of 07/03/2007 - University Regulations for service assignments)

		DEC	CLARE			
and as ce - That the Engineer	ertified by the attomission was neceing Department;	art in the events as dached documentatio ssary and relevant in t vements) took place	n; the inte	erest of the develo	-	
		OUTW	ARD TRIP			
TO HAVE STA FROM	RTED DEPAR	TURE DATE AND TIME	TO HAVE ARRIVED A		DATE AND TIME OF ARRIVAL	
		RETU	RN TRIP			
TO HAVE STAR	TO HAVE STARTED DEPARTURE DATE AND TIME TO			HAVE ARRIVED A	DATE AND TIME OF ARRIVAL	
	ving payment me	A omic treatment envis ethod: Bank Transfer -				
Jaiary Cre			h a al :.a	a viaria al	A 100 0	\neg
Hotel	List of documents presented in a		originai □YES □NO	Amount		
	Railway tickets		□YES □NO			
	Airline tickets		□YES □NO			
Ship Tickets		□YES □NO				
Bus Tickets		□YES □NO				
Metro tickets			□YES □NO			
Taxi receipts			□YES □NO			
Receipts for payment of meals c/o restaurants/bars		□YES □NO				
Subscription fee		□YES □NO				
Certifi	Certificate of Participation in the Event			□YES □NO		
Delivery date:		Signature of the i	nterest	ed party		

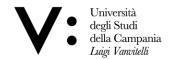


APPLICATION CONTAINING SUBSTITUTE DECLARATION OF THE NOTICE DEED

(art. 47 of the Presidential Decree of 28/12/2000 n. 445)

	The u	undersig	gned, aware of	the
liabilit	y whic	ch may	arise in the event of a false or mendacious declaration or presentation of	of a
false	docur	ment or	one containing data that does not correspond to the truth, as well as	the
crimir	nal sar	nctions r	referred to in art. 76 of Presidential Decree 28/12/2000, n. 455;	
			DECLARE	
That	the	days	went to	for
			for research needs.	
Averso	٦			
7 (7 0 1 3 (Δ,		Signature of the declarant	
			(legible and handwritten)	

Zip code:



Mandate no. of

Allocation of expenditure: PBO: _____

LIQUIDATION OF ECONOMIC TREATMENT OF MISSION (part reserved for the Administrative Secretariat) EXPENSE **EXPENSES OF EXPENSE** OTHER EXPENSES TRANSPORT **REFUNDABLE REFUNDABLE** € € **AIRPLANE OVERNIGHT STAY** € € FOOD** TRAIN € € **SHIP INSURANCE** REIMBURSEMENT € € BUS FOOD FLAT RATE AND OVERNIGHT STAY € € TAXI* **RENTAL VEHICLES** € € **URBAN TRANSPORT CONGRESS REGISTRATION** € **OTHER** TOTAL € Notes: *Verified maximum limit of Euro 80.00 per single mission; *Verified maximum daily reimbursement limit for the consumption of a single meal. To be completed in case of authorization to use a private vehicle The _____ requests reimbursement of the equivalent of the return train for the section from ______ to _____ Cost of one-way ticket € _____ Cost of the return ticket € NB: a printout of the estimated cost of the return ticket is attached TOTAL TOTAL REFUNDABLE EXPENSES ADVANCE RECEIVED **NET TO BE REFUNDED** € € € Mission no. of Budget commitment no P/D no

Aversa,	The Administrative Secretary of the Department
	The Marinishanve secretary of the Bepariment