

REQUEST FOR REIMBURSEMENT OF EXPENSES FOR DISSEMINATION ACTIVITIES

The undersigned _				
place of birth			date of birth	ι
resident in			1	prov
address				no
tax identification c	ode			
in relation to the di	issemination activit	ties described be	elow	
			on date	
		here	by requests	
the reimbursement	of the following e		find receipts attached):	
travel expenses for	r a total amount of	€		
type of vehicle, bra	ind, model and fue	l, as well as the	[if travelling using your own kilometres travelled. The eligible ex nd re-measured according to the 1	pense merely refers to the
date	from	to	and return journey Km	€
date	_ from	to	and return journey Km	€
meals for a total as	mount of €			
meal on (date)	€	c/o		
meal on (date)	€	c/o	(date)	
lodging expenses	for a total amount	of€		
no. nights fr	rom	to	_ c/o hotel+	• tourist tax €
The undersigned d	eclares he/she has	stayed the nigh	t/nights at the hotel ofclass	
For a total amount	of€			
			following expense (please specify	the type of expense, ex.

registration, hotel) ______he/she has not submitted the complete original receipt/receipts needed for the settlement due to online purchase. For this purpose the claimant declares under his/her responsibility, that he/she has effectively paid for the expenses declared and pledges not to claim the reimbursement from a third party and to pay the respective amount if the bodies responsible for sound administrative and accounting procedures do not consider the above mentioned documents to be appropriate (art. 8, paragraph 2 Travel Regulation). The undersigned attaches to the present claim the certificate o f a t t e n d a n c e or other document proving the activities carried out.

The undersigned declares under his/her responsibility,

that he/she has not received nor will receive as such any other reimbursement for the expenses reported.

The undersigned attaches to the present claim the relevant documentation providing evidence of the expenses.

The undersigned requests the amount due to be paid through the following method:

Bank transfer: Bank name																						
IBAN																						
transfe	er m	ust l	be p	ayal	ole te	o th	e un	ders	sign	ed.												
International Bank transfer: Bank name																						
IBAN																						
BICor	S W	ΙFΊ	-								(Credi	t Acc	ount								

transfer must be payable to the undersigned.

- □ Non transferable bank cheque (for amounts up to € 999.99) (L. 214/2011)
- □ Receipt of payment and direct collection at Unicredit Banca S.p.A throughout the entire national territory (for amounts up to € 999.99) (L. 214/2011)

The undersigned is aware:

- of the civil and penal consequences of untruthful declarations and false acts as provided by the penal code and special laws (art. 76 DPR 445/2000);
- that he/she will lose the benefits resulting from the action that can be issued on the basis of false declarations, where the untruthfulness of the declaration content is revealed by the control carried out by the Administration (articles 71 and 75 of Presidential Decree 445/2000).

Date _____

Claimant_____

Data of the present communication will be processed pursuant to Title III, Chapter I and II of Legislative Decree 30 June 2003 n. 196 (Personal Data Protection Act) and Decree n. 449/2004 (Regulation of the Università degli Studi di Firenze implementing the Personal Data Protection Act) in order to fulfil the obligations of the Università degli Studi Firenze.

For Office use only		
The reimbursement of the expenses incurred for a	n amount of €is approved.	
HEAD OF THE DEPARTMENT OF	FUNDS ASSIGNEE	
	Proj	_
Prof	Prof	