##### DIP_BAN_nero1_1

##### Direzione Trattamenti Economici e Lavoro Autonomo

##### REIMBURSEMENT REQUEST FOR BUSINESS TRIP EXPENSES BY EXTERNAL EXAMINING BOARD MEMBERS

Claimant: Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name

Position/level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual residence (city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In service with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number:

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business trip in: (place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

Reason for the trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Expenses incurred:***

HOTEL no. of nights \_\_\_\_\_\_\_\_\_\_\_\_\_ €

MEALS no. of receipts \_\_\_\_\_\_\_\_\_\_\_\_\_ €

FLIGHT TICKET €

AIRPORT TRANSFER €

TRAIN TICKET €

CITY BUS/UNDERGROUND TICKET €

OWN TRANSPORTATION MEAN \* itinerary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kms \_\_\_\_

MOTORWAY TOLL €

FURTHER ANNEXES €

FURTHER ANNEXES €

**TOTAL AMOUNT: €**

**I, the undersigned, hereby declare that all the expenses documented therein are relevant to the business trip in question.**

**For the purpose of being reimbursed for the present business trip, I also declare that:**

* I am not being awarded sums for the same title by other institutions.

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place and date The Claimant

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B.: It is required to attach to the present request all the original receipts for the expenses incurred, including transport tickets and boarding passes, in a closed envelope.

\*The use of one’s own transportation mean must have been authorised.

The required documents must be sent to the following address:

*Ufficio Segreteria e Sportello di Direzione*

*Direzione Trattamenti Economici e Lavoro Autonomo*

*Università degli Studi di Milano*

*Via Sant’Antonio 10/12 - 20122 Milano*

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