Protocol

Catania,

To the Head of the DMI

University of Catania

#### MISSION EXPENSE REIMBURSEMENT REQUEST

The undersigned requests reimbursement of the expenses incurred and payment of the applicable per diem for the journey specified below, pursuant to Law of 18-12-1973 No. 836 and subsequent amendments and additions. It is declared that no identical reimbursement has been requested from other institutions.

|  |  |  |
| --- | --- | --- |
| Name and surname -- | | |
| Born in / on -- | position -- | |
| Address -- | | City -- |
| Tax Code -- | | |
| Fund description / UPB-- | | |
| IBAN -- | | |

|  |  |
| --- | --- |
| Mission start date | -- |
| Mission start time | -- |
| Mission end date | -- |
| Mission end Time | -- |
| Destination | -- |

The following supporting documents of expenditure and a copy of the identification document (for guests) are attached:

|  |  |
| --- | --- |
| **Expense item** | **euro** |
| 1-- | -- |
| 2-- | -- |
| 3-- | -- |
| 4-- | -- |
| **TOTAL** | -- |

Signature of applicant Signature of fund holder **Authorization granted**

The Head of the Department