



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF TRANSLATIONAL MEDICINE

Via Solaroli, n. 17 – 28100 Novara

***Request for reimbursement of mission n. \_\_\_\_\_***

I, THE UNDERSIGNED \_\_\_\_\_

UNDER MY FULL RESPONSIBILITY DECLARE

TO HAVE FULFILLED THE MISSION FROM \_\_\_\_\_

TO \_\_\_\_\_

STARTING DAY \_\_\_ / \_\_\_ / \_\_\_\_\_ TIME \_\_\_\_\_

ENDING DAY \_\_\_ / \_\_\_ / \_\_\_\_\_ TIME \_\_\_\_\_

MISSION OBJECT

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

I also declare:

- That the mission was carried out in place other than the habitual residence
- To have benefited accommodation or meals free of charge  **yes**  **no**

I ALSO ASK FOR

REIMBURSEMENT OF EXPENSES \*, DOCUMENTED **IN THE ORIGINAL**

Attached :	<input type="checkbox"/>	Authorization date (dd/mm/yyyy) _____		
	<input type="checkbox"/>	Travel Tickets	<b>Total</b>	€ _____
	<input type="checkbox"/>	Urban public transport tickets	<b>Total</b>	€ _____
	<input type="checkbox"/>	Hotel invoice	<b>Total</b>	€ _____
	<input type="checkbox"/>	Invoice / Receipt for meals	<b>Total</b>	€ _____
	<input type="checkbox"/>	Congress registration fees	<b>Total</b>	€ _____
	<input type="checkbox"/>	Other ( _____ )	<b>Total</b>	€ _____
			<b>Total expenses</b>	€ _____

Novara, \_\_\_\_\_

Signature

Holder UPB  
Prof.

\_\_\_\_\_