



CIRMMP
FIRENZE

Consorzio Interuniversitario
Risonanze Magnetiche di Metallo Proteine

ATTACHMENT 1

AUTHORIZATION REQUEST FOR MISSION

The undersigned _____ requests authorization to travel to _____ from (date) _____ to _____ for _____

The expenses incurred will be charged to the funds _____ for an estimated amount of _____

The undersigned _____ requests authorization to use a private vehicle/rented vehicle/ship/other means of sea transport (or other "extraordinary" means different from rail and air) for the following reason:

The undersigned declares that the Consortium is relieved of any responsibility regarding the use of the vehicle itself, both for any damages caused to third parties and for those suffered by the driver, passengers, and the transport vehicle itself.

Place and Date

The Applicant

AUTHORIZED BY

The Project/Contract Manager

The Director of CIRMMP

For non-employed personnel, the mission authorization constitutes the entrustment of a gratuitous assignment by C.I.R.M.M.P. for the activities foreseen by the mission itself.

N.B.: Reimbursement of expenses incurred is carried out according to the provisions of the C.I.R.M.M.P. Mission Regulations. To avoid taxation of reimbursements, all expenses, with the exception of those related to public transport, must be accompanied by proof of traceable payment systems (bank or postal transfer, debit, credit and prepaid cards, bank and cashier's checks).