



ALLEGATO 2

REQUEST FOR MISSION EXPENSE REIMBURSEMENT

The undersigned _____, having carried out the mission to (place) _____ from (date) _____ to _____ for the purpose of _____ requests the payment of the full/partial reimbursement of the travel expenses detailed below:

		amount in foreign currency	amount in euro
Tickets	<input type="checkbox"/> Flight		
	<input type="checkbox"/> Train		
	<input type="checkbox"/> Ferry		
	<input type="checkbox"/> Bus		
	<input type="checkbox"/> Tram		
	<input type="checkbox"/> Subway		
Own/rented vehicle	<input type="checkbox"/> Brand:.....	See regulations	See regulations
	<input type="checkbox"/> Model:.....	See regulations	See regulations
	<input type="checkbox"/> Horsepower:.....	See regulations	See regulations
	<input type="checkbox"/> Fuel type:.....	See regulations	See regulations
	<input type="checkbox"/> Annual mileage:.....	See regulations	See regulations
	<input type="checkbox"/> Motorway tolls		
	<input type="checkbox"/> Parking		
	<input type="checkbox"/> Rent		
Hotel			
Meals			
Other expenses	<input type="checkbox"/> Taxi		
	<input type="checkbox"/> Registration fees		
	<input type="checkbox"/> Visa		
	<input type="checkbox"/> Telephone and internet connection		
Advance payments	<input type="checkbox"/> Hotel		
	<input type="checkbox"/> Meals		
	<input type="checkbox"/> Travel		
TOTAL			

(Attach the original expense documents)



CIRMMP
FIRENZE

Consorzio Interuniversitario
Risonanze Magnetiche di Metallo Proteine

Notes.....

The undersigned **declares:**

- that he/she was authorized by his/her own institution to carry out the mission
- that he/she has received an advance payment of € _____ for the
aforementioned mission
- that he/she has/has not received any reimbursement or contribution towards expenses from
third parties (€ _____ to be deducted)
- that he/she has/has not requested any reimbursement or contribution towards expenses from
third parties, and undertake not to request it
- that he/she has/has not benefited from free accommodation and meals
- that he/she undertakes to return to the administration any difference between the amount
received upon settlement and the amount legitimately due, should the criteria adopted be
rejected by the supervisory bodies
- that the original documentation is held by (indicate the person or office where the original can
be found) who will reimburse the
amount of

The undersigned is aware that they are subject to the penalties provided for by the Criminal Code and the relevant special laws in the event of making false statements, producing or using false documents, or presenting documents containing information no longer corresponding to the truth (Art. 76 of Presidential Decree 445/2000).

The applicant _____

Authorized by:

The Project/Contract Manager _____

The Director of CIRMMP _____

REIMBURSEMENT RECEIPT (in case of cash refund)

The undersigned applicant declares to have received the sum of €.....

Signature.....
