



CIRMMP
FIRENZE

Consorzio Interuniversitario
Risonanze Magnetiche di Metallo Proteine

ANNEX 4

REQUEST FOR MISSION ADVANCE PAYMENT

The undersigned
with reference to the authorization request dated regarding the mission to
..... from (date) to
requests to be granted an advance of €, to be paid by means of C.I.R.M.M.P. credit card, bank
transfer, or cash, as follows:

Travel (specify means of transport) €

Hotel (quotation attached) €

Congress/Conference registration €

Other (specify) €

DECLARES

to undertake to:

- a) promptly return to C.I.R.M.M.P., and in any case within 15 days from the scheduled date of the mission, the amount advanced, should the mission, due to force majeure, not take place;
- b) request the necessary documentation and submit it to the Administrative Office for final reimbursement within 60 days from the end of the mission.

Sesto Fiorentino, **The applicant**

Sesto Fiorentino, **The Director of CIRMMP**