**TO UNIPA GENERAL DIRECTOR**

**PIAZZA MARINA , 61**

**90133 PALERMO**

**REIMBURSEMENT FOR EXPENSES AS PHD BOARD OF EXAMINEE**

**RIMBORSO SPESE PER COMPONENTE DI COMMISSIONE DI ESAME DI DOTTORATO**

**(Cognome/surname)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nome/nome** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nato a / Place of birth**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Il / Date of birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domiciliato in / Living Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.\_\_\_\_\_\_

**Paese/Country** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CAP/zip Code**\_\_\_\_\_\_\_\_\_\_\_ **Tel./Phon**e \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Codice fiscale/Fiscal Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Università di appartenenza/ Home University of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **qualifica/role** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Avendo eseguito la missione da / Having partecipated from Date \_\_\_\_\_\_\_\_\_\_\_ A / To Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per Componente esami di dottorato / As component PHD Commission**

**PHD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cycle**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dalle ore / Starting at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **del giorno / Starting day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alle ore / Ending at** \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **del giorno / Ending day** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chiede il rimborso delle seguenti spese sostenute / apply for having refund following Expences:**

## SPESE DI TRASPORTO\* / MOBILITY EXPENSES\*

**1 Da/From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A/to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mezzo / used means** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2 Da/From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A/to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mezzo / used means** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 Da/From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A/to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mezzo / used means** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4 Da/From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A/to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mezzo / used means** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOT. € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SPESE DI ALLOGGIO / ACCOMODATION EXPENSES

**Pernottamento in albergo / Hotel name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**dal giorno / From Date** \_\_\_\_\_\_\_\_\_\_ **al giorno / To Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **TOT. €** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SPESE DI VITTO / FOOD EXPENSES

**1 Pasto del giorno / Meal Day \_\_\_\_\_\_\_\_\_\_\_ € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2 Pasto del giorno / Meal Day \_\_\_\_\_\_\_\_\_\_\_ € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Pasto del giorno / Meal Day \_\_\_\_\_\_\_\_\_\_\_ € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4 Pasto del giorno / Meal Day \_\_\_\_\_\_\_\_\_\_\_ € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5 Pasto del giorno / Meal Day \_\_\_\_\_\_\_\_\_\_\_ € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOT. € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Totale da liquidare / Reimbursement requested € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Si chiede, inoltre, che il mandato di pagamento venga disposto con le seguenti modalità nel proprio conto corrente:**

**The refund has to be credit to the personal Bank account number (IBAN):**

**A) IBAN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIC/SWIFT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABA O ROUTING (solo per C/C extraeuropei / only for extra European IBAN)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Banca / Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agenzia / Agency N.** \_\_\_\_\_\_\_\_ **città/town** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**intestato a / Bank account owner (Name and Surname)**

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

**Allega in originale i seguenti giustificativi di spesa / Attached original expense receipts:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ai sensi dell’art.47 del DPR 445/2000 si dichiara di:**

**Respecting the art. 47 of DPR 445/2000 I declare:**

* aver effettuato la missione in oggetto / to have partecipated to the above PhD commission;
* di sostenuto le spese di cui chiede il rimborso / having payed the expenses for which reimbursement is requested;
* di non aver richiesto e di non richiederlo in futuro il rimborso a terzi per le spese allegate alla presente tabella di liquidazione / not having requested the reimbursement to third parties;

Allegare copia di un valido documento di identità / Please attach ID Card or Passport.

#### Data / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### IL RICHIEDENTE / APPLICANT

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_