



UNIVERSITY OF THE STUDIES "MAGNA GRAECIA" OF CATANZARO

REFUND REQUEST

The undersigned _____ following the attached assignment, conferred by the

Rector / General Director the _____ to carry out the following mission _____

aware of the responsibilities and criminal sanctions established by law for false attestations and mendacious declarations, under his personal responsibility (ART. 46 D.P.R. 28/12/2000 N.445) **DECLARES** the following:

MISSION DURATION

OUTGOING	DATE	TIME	RETURN	DATE	TIME
MISSION START			FOR TRIPS ABROAD DATE AND TIME OF DEPARTURE FROM THE PLACE OF MISSION		
PER VIAGGI ALL'ESTERO DATA E ORA DI ARRIVO NEL LUOGO DI MISSIONE			MISSION END		

TRAVEL EXPENSES

DESCRIPTION	CURRENCY TYPE	AMOUNT	DESCRIPTION	CURRENCY TYPE	IMPORTO
RAILWAY TICKETS ORDINARY RATE		_____	SHIP TICKETS		_____
PLANE TICKETS		_____	HOTEL INVOICE		_____
TOLLS		_____	RESTAURANT INVOICE		_____
BUS TICKETS		_____	PARKING		_____
BUS / METRO TICKETS					

COMPLETE ONLY IF NOT EMPLOYED BY THE UNIVERSITY OF CATANZARO

BORN IN _____ PROV _____ TAX ID CODE _____ TELEPHONE _____

TAX DOMICILE _____

NAME OF THE ENTITY _____ STREET AUTHORITY _____ STREET NUMBER _____ POSTAL CODE _____

QUALIFICATION _____ CATEGORY _____ CLASS _____ MAXIMUM SALARY RATE _____

TYPE OF PAYMENT

☐ CURRENT ACCOUNT (12 CHARACTERS) BANKING/ BANCOPOSTA N: _____

BANK _____ AGENCY/ BANK BRANCH _____

IBAN CODE _____

☐ BY BANK TRANSFER CHEQUE, NON-TRANSFERABLE, TO YOUR HOME DOMICILE

The undersigned also declares:

of having travelled with your own vehicle Km _____ of having/not having received an advance of € _____

APPLICANT'S NOTES: _____

APPLICANT'S SIGNATURE

DATE _____
