

## CLAIM FOR REIMBURSEMENT OF EXPENSES FOR DISSEMINATION ACTIVITIES

The undersign	ned				
place of birth			date of		
resident in				prov	
address				n	
fiscal code					
in relation to t	the dissemination ac	tivities described	below		
held in			on date		
		he	reby requests		
the reimburses	ment of the followin	ng expenses (pleas	se find receipts attached):		
travel expense	es for a total amoun	t of €			
of vehicle, bra	and, model and fuel,	as well as the Ki	[if travelling using own vel lometres. The eligible expense mere ed according to the kilometres based	ely refers to the cost of fuel	
on	from	to	and return journey Km	€€	
on	from	to	and return journey Km	€	
meals for a to	otal amount of €				
meal on	€	c/	0		
meal on	€	c/	0		
lodging exper	nses for a total amo	unt of €			
n. nights	from	to	c/o hotel	+ tourist tax €	
The undersign	ned declares to have	spent the night/r	nights at the hotel of cla	ass.	
For a total am	ount of €				

The undersigned certifies that, with regard to the following expense (please specify the type of expense, ex. registration, hotel) \_\_\_\_\_\_ has not submitted the complete original receipt/receipts needed for the settlement due to online purchase. For this purpose the claimant declares under his/her responsibility, that has effectively paid for the expenses declared. Undertakes not to claim for the reimbursement

to a third party and to pay the respective amount if the bodies responsible for the administrative and accounting regularity do not consider appropriate the above mentioned documents (art. 8, paragraph 2 Travel Regulation). The undersigned attaches to the present claim the participation certificate or other document proving the activities carried out.

The undersigned declares under his/her responsibility,

that he/she has not received nor will receive as such any other reimbursement for the expenses reported.

The undersigned attaches to the present claim the relevant documentation providing evidence of the expenses.

The undersigned requests the amount due to be paid through the following method:

Bank transfer: Bank name							
IBAN							
transfer must be payable to the undersigned.  International Bank transfer: Bank name IBAN	-						
BIC o SWIFT Credit Account							
transfer must be payable to the undersigned.							
<ul> <li>□ Non transferable bank cheque (for amounts up to € 999,99) (L. 214/2011)</li> <li>□ Receipt of payment and direct collection at Unicredit Banca S.p.A throughout the entire national territory</li> </ul>							
(for amounts up to € 999,99) (L. 214/2011)		JIY					
<ul> <li>The undersigned is aware:</li> <li>of the civil and penal consequences of untruthful declarations and false acts as provided by the and special laws (art. 76 DPR 445/2000);</li> <li>that he/she will lose the benefits resulting from the action that can be issued on the bar declarations, where the untruthfulness of the declaration content is revealed by the control carried Administration (articles 71 and 75 of Presidential Decree 445/2000).</li> </ul>	sis of fa	alse					
Date Claimant							

Data of the present communication will be treated pursuant to Title III, Chapter I and II of Legislative Decree 30 June 2003 n. 196 (Code on the Protection of Personal Data) and Decree n. 449/2004 (Regulation of the Università degli Studi di Firenze implementing the Code on the Protection of Personal Data) in order to fulfil the obligations of the Università degli Studi Firenze.

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The reimbursement of the expenses incurred for an amount of $\mathfrak{C}$	is approved.
THE HEAD OF THE DEPARTMENT OF	FUND OWNER
	Prog
Prof	Prof