AMMINISTRAZIONE CENTRALE
AREA RISORSE UMANE
UFFICIO TRATTAMENTI ECONOMICI E WELFARE

UNIVERSITÀ
DEGLI STUDI
DI PADOVA

REIMBURSEMENT REQUEST FORM

NAME OF ACADEMIC:

Surname _____*First name* _____*Middle name* _____

Country of birth _____ *Date of birth I* _____ / _____ / _____

Italian Tax Code |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

(If not possessed, please, enclose a copy of the passport)

RESIDENCY:

*Address*_____ *n*_____

*Town*_____*ZipCode*_____*Country*_____

Email _____

*University in which the visitor is based*_____

REASON OF THE TRIP:

PLEASE, ENCLOSE A COPY OF RECTOR'S DECREE APPOINTING YOU AS EXAMINER.

DETAILS OF THE EXPENSES TO BE REFUNDED

Date of leaving from University in which the visitor is based _____

Date of arriving to University in which the visitor is based _____

FLIGHT € _____ **(PLEASE, ENCLOSE THE HARD COPIES OF BOARDING CARDS)**

TRAIN € _____   **BUS €** _____ **TAXI €** _____

(*) KILOMETERS ALLOWANCE   KM _____

PARKING_____**TOLLS**_____

ACCOMODATION € _____ **N° NIGHTS**_____

MEALS € _____

Date _____   **Signature** _____