

AUTHORIZATION ASSIGNMENT OF MISSION

(DR n. 681 of 07/03/2007 - University Regulations for service assignments)

At _____ born in: _____ on: _____
 resident in: _____ address: _____
 qualification: _____ tax code: _____ matr . no. _____
 Place of work: _____

has been appointed to carry out the following mission:

Place of performance	Date of Performance	Description Event (documentation certifying participation will follow)

The expenditure commitment will be borne by the budget chapter:

Chapter: _____

UPB\Project: _____

Scientific manager: _____

Signature of the Fund Owner

AUTHORIZATION TO USE THE PRIVATE OR RENTAL VEHICLE (to be completed by the person who confers the assignment)

The use of a private vehicle is necessary for the following reasons:

- ☐ Cost-effectiveness in relation to the global expense of the mission;
- ☐ Place not frequently served by public transport*;
- ☐ Nature of the mission (indicate the reasons);
- ☐ Transportation of delicate materials (indicate the material);
- ☐ Unavailability of ordinary means;
- ☐ Urgency.

Signature of the person granting the assignment _____

* NB: for missions abroad it is the only reason allowed by the Regulations.

This declaration must be issued if the previous box for granting authorization has been completed .

The undersigned declares to release the University Department and the University Administration from any liability deriving from the use of the car _____ with the number plate _____ and owned by _____ ,
 used for the aforementioned mission.

The undersigned also reserves the right, in the event of the unexpected and unexpected impossibility of using his own vehicle, to use, as far as possible, public transport and/or taxis, in compliance with the criterion of the lowest possible cost to be borne by the Administration.

Date, _____ Signature of the interested party _____

The undersigned:

- undertakes to comply with the national and regional rules in force both of behavior and of limitation of the freedom of movement of persons, in implementation of the health protocols for the risk of SARS-CoV-2;
- undertakes to respect the locally applicable regulations for limiting the risk of contagion from SARS-CoV-2 (in case of missions abroad);
- declares that the authorization request is motivated by undeferrable service needs and that it is necessary and relevant in the interests of the Engineering Department's activity;
- authorizes the processing of personal data pursuant to ex art. 13 Legislative Decree 196/2003 and for the purposes of article 13 of EU Regulation no. 2016/679 (GDPR).

Aversa,

Signature of the interested party _____

Signature of the Person authorizing the assignment
 The Director of the Department - Prof. Alessandro Mandolini

REQUEST PAYMENT FOR MISSION

(Art. 26 of DR n. 681 of 07/03/2007 - University Regulations for service assignments)

The undersigned _____

DECLARE

- To have regularly taken part in the events as described in the mission assignment authorization request and as certified by the attached documentation;
- That the mission was necessary and relevant in the interest of the development of scientific activity in the Engineering Department;
- That the journey (main movements) took place as follows:

OUTWARD TRIP			
TO HAVE STARTED FROM	DEPARTURE DATE AND TIME	TO HAVE ARRIVED A	DATE AND TIME OF ARRIVAL
RETURN TRIP			
TO HAVE STARTED FROM	DEPARTURE DATE AND TIME	TO HAVE ARRIVED A	DATE AND TIME OF ARRIVAL

- that the hotel abroad corresponds to the category ===
- that I have received an advance mission equal to € _____

ASKS

- the payment of the economic treatment envisaged by the current Regulation on service missions with the following payment method: Bank Transfer - IBAN code as per the EASY application master data for salary credit.

List of documents presented in original		Amount
Hotel invoice	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Railway tickets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Airline tickets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ship Tickets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bus Tickets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Metro tickets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Taxi receipts	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Receipts for payment of meals c/o restaurants/bars	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Subscription fee	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Certificate of Participation in the Event	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Delivery date:

Signature of the interested party _____

APPLICATION CONTAINING SUBSTITUTE DECLARATION OF THE NOTICE DEED

(art. 47 of the Presidential Decree of 28/12/2000 n. 445)

The undersigned _____, aware of the liability which may arise in the event of a false or mendacious declaration or presentation of a false document or one containing data that does not correspond to the truth, as well as the criminal sanctions referred to in art. 76 of Presidential Decree 28/12/2000, n. 455;

DECLARE

That the days _____ went to _____ for

_____ for research needs.

Aversa,

Signature of the declarant

(legible and handwritten)

LIQUIDATION OF ECONOMIC TREATMENT OF MISSION

(part reserved for the Administrative Secretariat)

EXPENSES OF TRANSPORT	EXPENSE REFUNDABLE	OTHER EXPENSES	EXPENSE REFUNDABLE
AIRPLANE	€	OVERNIGHT STAY	€
TRAIN	€	FOOD**	€
SHIP	€	INSURANCE	€
BUS	€	REIMBURSEMENT FOOD FLAT RATE AND OVERNIGHT STAY	€
TAXI*	€	RENTAL VEHICLES	€
URBAN TRANSPORT	€	CONGRESS REGISTRATION	€
OTHER	€		
TOTAL			€
Notes: *Verified maximum limit of Euro 80.00 per single mission; **Verified maximum daily reimbursement limit for the consumption of a single meal.			

To be completed in case of authorization to use a private vehicle

The _____ requests reimbursement of the equivalent of the return train
for the section from _____ to _____.

Cost of one-way ticket € _____

Cost of the return ticket € _____

NB: a printout of the estimated cost of the return ticket is attached

TOTAL € _____

TOTAL REFUNDABLE EXPENSES	ADVANCE RECEIVED	NET TO BE REFUNDED
€	€	€
Mission no. of _____		
Budget commitment no _____		P/D no _____
Mandate no. of _____		
Allocation of expenditure: PBO: _____ Zip code: _____		

Aversa, _____

The Administrative Secretary of the Department