



APPLICATION FORM: MISSION EXPENSES REFUND

(ART. 17 OF THE REGULATION ON SERVICE MISSIONS AND TRAVEL)

Send all relevant receipts by Certified Email (PEC) to the Area 2 of the Accounting Office:
missionicommissari@pec.unina.it

THE UNDERSIGNED

PLACE OF BIRTH DATE OF BIRTH

RESIDENT IN ADDRESS

POSTCODE COUNTRY

FISCAL CODE/SSN

TELEPHONE No.

E-MAIL

FULL PROFESSOR ASSOCIATE PROFESSOR RESEARCHER OTHER

BANK

IBAN:

COUNTRY CODE	CHECK DIGITS	NAT. CODE	BANK CODE	BANK BRANCH	BANK ACCOUNT NUMBER
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SWIFT:

IN RELATION TO THE APPOINTMENT AS A MEMBER OF THE FINAL EXAMINATION COMMISSION OF THE
DOCTORATE IN

DECREE No. OF



REQUESTS

THE REFUND OF PAYMENTS PROVIDED FOR BY THE UNIVERSITY REGULATIONS ON MISSIONS AND TRAVEL, AND DECLARES, UNDER HIS/HER OWN RESPONSIBILITY:

TO HAVE LEFT ON THE DAY TIME

TO HAVE RETURNED ON THE DAY TIME

ATTACHED: DETAILED AND SIGNED LIST OF ALL SUBMITTED DOCUMENTATION

Disclosure pursuant to Article 13 of EU Regulation 679 of 2016 concerning the processing of personal data.

The data collected through this form are processed for the purposes of the procedure for which they are issued and will be used exclusively for that purpose, and in any case, within the scope of the institutional activities of the University of Naples Federico II.

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For any other request relating to the proceedings in question, the Area 2 of the Accounting Office should be contacted instead: uff.contabilitaarea2@unina.it; Certified Email: uff.contabilitaarea2@pec.unina.it

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DATE

SIGNATURE



UNIVERSITÀ DEGLI STUDI DI NAPOLI FEDERICO II

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**DATE AND DESCRIPTION OF EXPENDITURE DOCUMENTS*

DATE

SIGNATURE