



UNIMORE
UNIVERSITÀ DEGLI STUDI DI
MODENA E REGGIO EMILIA

UNIVERSITY OF MODENA AND REGGIO EMILIA

To the Financial Resources Department

Budget Office

Via Università 4,

41121 Modena

Tel. 059/2056427

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MISSION REIMBURSEMENT

I, THE UNDERSIGNED _____

UNIVERSITY OF _____

IN ITS CAPACITY OF MEMBER OF THE SELECTION BOARD FOR THE COMPARATIVE
EVALUATION _____

WHICH MET IN _____

(specify the location)

With the following schedule

DATES	ACTIVITIES
___/___/___	PRELIMINARY SESSION
___/___/___ ___/___/___ ___/___/___	BOARD WORKING SESSION
___/___/___	END OF WORKING SESSION

PROVIDE THE FOLLOWING TRAVEL DETAILS

LEAVE	RETURN TO HOME UNIVERSITY
Date ___/___/___ time ___/___	Date ___/___/___ time ___/___
Date ___/___/___ time ___/___	Date ___/___/___ time ___/___
Date ___/___/___ time ___/___	Date ___/___/___ time ___/___
Date ___/___/___ time ___/___	Date ___/___/___ time ___/___

I HAVE USED ONE OF THE FOLLOWING EXTRAORDINARY MEANS OF TRANSPORT:

☐ TAXI ☐ CAR RENT ☐ OWN CAR. In that case, I hold the University of Modena and Reggio Emilia harmless from any direct or indirect liability on the use of such means of transport.

REASONS: _____

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THEREFORE I CLAIM THE REIMBOURSEMENT OF THE EXPENSES ATTACHED AND DETAILED BELOW

DATE,

THE APPLICANT
