

**UNIVERSITA' DEGLI STUDI DI BARI "ALDO MORO"**  
**DIREZIONE RISORSE FINANZIARIE- U.O. MISSIONI E COMPENSI**  
**TRAVEL EXPENSE TABLE AND STAY COMPETITION COMMISSIONS**

**DATA SHEET**

The informative data, necessary for payment of the fees, will be processed in accordance with Law 675/96. Sheet "A" in the table is divided into sections that include questions to identify the categories of beneficiaries. The partial or total omission of the requested data will not guarantee the collectability of the credit.  
**SIMPLIFIED COMPILATION GUIDE**

Name and Surname Dott./Prof/\_\_\_\_\_ Badge n \_\_\_\_\_

Born in \_\_\_\_\_ country \_\_\_\_\_ on \_\_\_\_\_ Resident \_\_\_\_\_

Street \_\_\_\_\_ n. \_\_\_\_\_ Tel \_\_\_\_\_ C.A.P. \_\_\_\_\_

Qualification PO PA RU ND D0 D2 DC CC PE

Belonging Administration \_\_\_\_\_

Email \_\_\_\_\_ Fiscal Code \_\_\_\_\_

Average Tax Rate \_\_\_\_\_ Maximum Tax Rate \_\_\_\_\_

**RETURN MODES EXPECTING COMPETENCES**

- By means of a current account on which to credit the repayment  
    IBAN \_\_\_\_\_  
    Credit institution \_\_\_\_\_ city \_\_\_\_\_ via \_\_\_\_\_
- By bank draft N / T (fee charged to the beneficiary)
- By direct receipt. The option allows collection in all Carime Agencies and Branches (University Treasurer Institute) located throughout the national territor

**Signature**

Bari , \_\_\_\_\_

\_\_\_\_\_

## To the Rector of the University of Bari

The undersigned Prof./Dott. \_\_\_\_\_ in execution of the assignment given to him communicates that on \_\_\_\_\_ will reach ..... to participate in the works of the examining committee concerning the competition \_\_\_\_\_;

considering that:

- will start from \_\_\_\_\_ at \_\_\_\_\_ hours and will return to \_\_\_\_\_ at \_\_\_\_\_;
- that the timetables of public transport do not appear with the times set by the Commission;
- that this possibility would allow the University Administration to contain the overall expenditure deductible from economic and convenience conditions (reduction of stay, non-overnight stay and / or limitation of use of the allowed meals).

## REQUESTS

To be authorized to use the vehicle he owns having plate number \_\_\_\_\_ he communicates the following elements in this regard:

CAR TYPE \_\_\_\_\_

DRIVING LICENSE: CATEGORY \_\_\_\_; PREF. /M.C.T.M \_\_\_\_\_ DATE \_\_\_\_\_;

ASS.VA POLICY: COMPANY \_\_\_\_\_ NUM. \_\_\_\_\_

The undersigned declares that the means of transport has been subjected to review and testing by the MCTM; he also declares to relieve the University Administration of any direct and indirect liability arising from the use of this medium.

BARI, \_\_\_\_\_ signature \_\_\_\_\_  
(date prior to the completion of the trip)

GIVEN the appointment decree

SEEN the reasons given by the applicant

GIVEN the declaration of the suitability of the vehicle for circulation of the transport issued by the applicant for the purposes of civil and criminal liability;

GIVEN the regulation for the economic treatment of mission;

CONSIDERING the resolution of the C.d.A. of 09/29/2005 pursuant to art. **Art.15 L 836/73 - mission accomplished in the circumscription area.**

**Prov., \* Art. 9. 836/73 - mission beyond the circumscription. prov.le.**

## AUTHORIZE

Prof. / Dott. \_\_\_\_\_ carry out the aforementioned mission, within the time determined in the provision.

The expense center will reimburse nr. \_\_\_\_ Km X \_\_\_\_ = € \_\_\_\_\_

Accounting Officer

THE RECTOR

\_\_\_\_\_

\_\_\_\_\_

**DECLARES**

that the time and day of the start and end of the mission, indicated below, correspond to the truth.

day	month	year	Location and time of departure	Place and time of return

\* Attach the Appointment Decree to the documentation

## ANALYTICAL NOTICE OF EXPENDITURE

## EXPENDITURE SUSTAINED RESPONSE

(by the interested party) (of the Liquidator)

on railway	number tickets _____	€	€
quick supplement	“ “	€	€
Fs bed - S. SP. T2	“ “	€	€
bed - T3 - T4 - CC. "	“ “	€	€
on steamers	“ “	€	€
on airplanes full / reduced fare	“	€	€
air travel life insurance policy		€	€
on urban line vehicles	“	€	€
on extra-urban line vehicles	“ “	€	€
on rental vehicles		€	€
mileage reimbursement (equivalent to 1/5 super petrol cost)			
€ _____ X Km. _____ + Motorway toll =		€	€
Accommodation n. _____ invoices or credit tax overnight stays		€	€
Board n. _____ ric. tax or fiscal receipts		€	€
<b>RESERVED FOR THE REASON</b>			
<b>SUBTOTAL</b>		██████████	€
<b>ADVANCE RECOVERY</b>		██████████	€
<b>REIMBURSEMENT BALANCE</b>		██████████	€

**RECTORAL DECREE ATTACHED**

Bari, .....

**DECLARATION REPRESENTING THE PRESENCE IN THE COMPETITION COMMITTEE**

COMPETITION.....

AT THE FACULTY OF .....

OF THE UNIVERSITY OF BARI, OF WHICH THE EXAMINING COMMISSION HAS BEEN ESTABLISHED  
WITH RECTORAL DECREE N ..... OF .....

THE UNDERSIGNED PROF ....., PRESIDENT  
OF THE EPIGRAPHIC COMPETITION COMMITTEE, DECLARES ITS RESPONSIBILITY

THAT THE PROF ..... AS A MEMBER OF THE ABOVE  
COMMISSION IN DAYS ..... RETURNS TO VERBAL HAS PARTICIPATED  
REGULARLY FOR THE COMPETITION MEETINGS.

BARI,

THE PRESIDENT OF THE COMMISSION

\_\_\_\_\_

**THE COMPONENT OF THE COMMISSION**

\_\_\_\_\_

DIREZIONE RISORSE FINANZIARIE  
U.O. MISSIONI E COMPENSI  
UNIVERSITA' DEGLI STUDI DI BARI "ALDO MORO"

The undersigned Prof / Dott / Sig. \_\_\_\_\_  
for the account of the \_\_\_\_\_

**Declares under its responsibility**

that the document certifying the purchase of the ticket (s) **AIR / TRAIN / HOTEL / REGISTRATION CONFERENCE**

(N. \_\_\_\_\_ OF \_\_\_\_\_)

occurred on the website of the COMPANION AEREA / F.S./ HOTEL STRUCTURE

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or through a travel agency \_\_\_\_\_

is the only documentation in OWN and that it was not and will not be presented for reimbursement at other bodies or administrations.

The reimbursement of expenses incurred for a total of € is requested € \_\_\_\_\_

The relevant documentation is attached.

Bari , \_\_\_\_\_

In Faith

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