



Trieste, \_\_\_\_\_

**TRAVEL REIMBURSEMENT REQUEST**

To the Dpt. Administration  
SEAT

Applicant: \_\_\_\_\_ UNITS ID n.: \_\_\_\_\_ position: \_\_\_\_\_

residence (municipality): \_\_\_\_\_ in service with: \_\_\_\_\_

Travelling to: \_\_\_\_\_ From (date and hour) \_\_\_\_\_ To (date and hour) \_\_\_\_\_

Motivation: \_\_\_\_\_  
\_\_\_\_\_

**ACTUAL COSTS:**

CURRENCIES AND AMOUNTS (free field)

- |   |          |
|---|----------|
| 1. TRAVEL _____                                 | 1. _____ |
| 2. OTHER ORDINARY MEANS (bus, metro,...)        | 2. _____ |
| 3. FEES AND EVENT REGISTRATION                  | 3. _____ |
| 4. HOTEL in the authorised period of the travel | 4. _____ |
| 5. MEALS in the authorised period of the travel | 5. _____ |
| 6. OTHER COSTS _____                            | 6. _____ |
| 7. EXTRAORDINARY TRANSPORTS:                    |          |
| OWN CAR      Mileage (km) _____                 |          |

*for admin staff and temporary/equivalent personnel: as of art. 10 comma 6 of UNITS Regulation, I hereby attach a proof of the average cost of the train/bus in place of the mileage cost refund.*  
(for professors and researchers, mileage cost calculated automatically by the accounting system)

7.a \_\_\_\_\_

OTHER EXTRAORDINARY MEANS

7.b \_\_\_\_\_

(IF APPLICABLE) ADVANCE PAYMENT RECEIVED \_\_\_\_\_

**REIMBURSEMENT:**

Actual costs

Per diem (only travels abroad >24 hours)

Accounting fund \_\_\_\_\_

Accounting fund \_\_\_\_\_

The undersigned declares under his/her liability that the content above is true and correct and:

- not to be on any leave from work;
- not to receive other benefits, reimbursements or indemnities from other Bodies for the same costs.

THE APPLICANT

\_\_\_\_\_