Authorization Mission

A) Request

I, the undersigned ________________________________

Position ____________________________ from ___ / ___ / _______ to ___ / ___ / ______

Collaborating with Prof. ________________________________

Lab. ________________________________ Mobile phone ________________________________

ASK the authorization to carry out the following mission:

Place : ________________________________ (___)

Reason : __________________________________________________

Reacheable within 90 minutes with fastest public transportation: ☐ YES - ☐ NO

obligation to daily return (I): ☐ YES - ☐ NO

( if you answer NO, please specify the reasons : 

________________________________________________________________________________

________________________________________________________________________________

The duration of the mission, to be fulfilled by the following means of transportation: ________________________________ is expected to last _____ days including the journey that will begin on the date ___ / ___ / ______ at _______ (time).

Reasons for the use of means other than ordinary railroad :

________________________________________________________________________________

________________________________________________________________________________

The expenditure is charged to the fund: ________________________________, assigned to ________________________________.

B) Own vehicle

I, the undersigned declare that I shall undertake the journey related to the mission using my own car:

Brand ________________________________ Number Plate ________________________________

(1) When the purpose of the mission allows to do it, and the location of the mission is reachable within 90 minutes (in case of impossibility to return please specify the reasons).
Motivation: _______________________________________________________________
_____________________________________________________________________________.

I raise the Administration from any responsibility for the use of my own car, as stated in the “Regolamento Decreto Rettorale n. 354/2017”.
In relation to this mission, I ask to be refunded of travel expenses for a total amount of € ____________, within the limits of the costs of public transport.
Attached you will find the details of the costs of public transport for the route.

C) Taxi

I, the undersigned ask the reimbursement of the expense of € __________________ supported for use of the taxi on the date ________________/ (month) __________________________ to go to __________________________ for the mission.

The use of the taxi was necessary for service reasons.

Novara, ________________

Signature                                      Holder UPB
                                                Prof.

____________________________________________________________________________

VISA FOR AUTHORIZATION

The Director

____________________________________________________________________________