

EXPENSE	REIMBL	IRSEMENT	REQUEST	FORM

	DOCUMENT NO	TYPE	YEAR
		To the H	lead of the Executive Centre
	The undersigned		
emplo	byee of the University of Trento in service at		
	request	ts	
reimbi	oursement of costs incurred on for		
by me	eans:		
m d	direct credit ⁽¹⁾ to bank acct. no		CIN ABI
C	CAB Bank		of
B	Branch		
m o	other acceptable methods of payment ⁽²⁾		
The fo	ollowing cost documentation is enclosed for this purpo	ose:	
r no.	invoice	to	otal amount €
r no.	fiscal receipt, expense docket or foreign	equivalent to	tal amount €
r no.	other receipt of payment		
		to	tal amount €
	specify the type of document	for a to	al amount of €
	ocumentation enclosed: for amounts less than 20 euro case, fill out the next section):)S	
	DECLARATION SUBSTITUT Article 4, Law 15 of 4.1.1968; Article 2 Preside		
	eference to the foregoing declaration, pursuant to Art. 26 c	of Law 5, 4.1.196	8, the undersigned assumes full sement of expenses incurred.

The Undersigned declares to have been informed that the personal data contained in this present form is to be stored in the paper-based and electronic archives of the University and used only for institutional needs. I also declare to have received the information provided by art. 13 of the D.Lgs. dated 30 June 2003, no. 196 (Italian Law on personal data protection).

signature_

date

(1) (2)

to fill out only if it is changed compared to the contract any other expenses shall be paid by the beneficiary



PART RESERVED TO THE OFFICE

- FILL OUT ONLY IN THE CASE OF DECLARATION SUBSTITUTING AFFIDAVIT -

Pursuant to Art. 3, paragraph 11, of Law 127 of 15.5.1997 and Art. 2, paragraph 11, of Law 191 of 16.6.1998, this declaration does not require authentication of the signature, as:

m the signature has been affixed in the presence of the person assigned to accept the document

m the document was signed and sent together with a copy of a form of identification of the signatory

date	signature		
Part reserved to the He	ad of the Executive Centre		
The cost is to be assigned to the Project/ Cost Centre_			
Approved: Authorisation by	Department Head		
date			
REC	EIVED		
The undersigned			
dec	lares		
to have received the sum of €			
date	signature		