T&S claim form

Nome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cognome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**   **Family Name**

Data di nascita\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Luogo di nascita\_\_\_\_\_\_\_\_\_\_\_\_\_Città di Residenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth**  **Place of birth** **Permanent City**

Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_n. \_\_\_\_\_\_\_cap \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specify exactly the permanent address n. Zip code**

Paese\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Documento di identità \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country Passport/SSN**

Ente presso il quale opera \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation’s name**

Il sottoscritto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_su richiesta del Dipartimento di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned requests the Department of**

richiede il rimborso spese di viaggio/albergo/vitto,come da ricevute allegate.

**to reimburse the expenses incurred for travel, board and lodging as per the attached receipts**.

|  |
| --- |
| **ORIGINAL DOCUMENTS ENCLOSED** |
| travel (train, airplane + boarding passes, transfers, etc.) | n.  |
| accommodation | n. |
| Meals | n. |

per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**on the occasion**

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTURE****Day/month/year** | **Time** | **RETURN****Day/month/year** | **Time** |

Il sottoscritto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dichiara inoltre che non ha percepito né percepirà per i titoli suddetti altro compenso, indennità o rimborso spese da altre Università ed Enti Pubblici Italiani.

 **Therefore I declare that I have not received and will not receive payment or reimbursement from any other Italian University or Italian Institution for the above declared expenses.**

 Il richiedente Il Responsabile del Laboratorio

**Applicant Infrastructure Manager**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature)

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Il Direttore del Dipartimento

**date**

|  |  |
| --- | --- |
| **BANKING DETAILS** | Please complete the form writing your banking details very clearly and legible. |
|  |  |
| BANKING HOUSE |  |
| BANK ACCOUNT |  |
| ACCOUNT HOLDER |  |
| BANK IBAN NUMBER |  |
| BIC/SWIFT |  |