



UNIVERSITA' DEGLI STUDI
CAGLIARI

FOR THE ATTENTION OF THE
RECTOR
Università degli Studi di Cagliari

OBJECT: ADVANCE PAYMENT FOR THE MISSION

The undersigned _____
 title _____ parameter _____
 in service at _____
 having to perform a mission _____ from _____ to _____
 as by authorization attached, requires, in accordance with the applicable provisions,
 the advance of € _____ (_____)
 as detailed below :

- Travel expenses	€
- Accommodation	€
- Meals	€
- Conference registration fee	€
TOTAL ADVANCE PAYMENT		€	0,00

The undersigned declares that the registration fee for the conference doesn't include room and board costs.
 Attached: authorization to perform the mission (copy).

- Once completed the mission, the undersigned will:
- submit the original documentation needed for the payment, within two months from the end of the mission
 - authorize the Administration to recoup the advance payment received

Place and Date, _____

 (Applicant's signature)

MANDATORY DATA – The mission is borne by the following funds:

UO
 UA
 COAN Item
 Project Code
 Estimated Cost

The Head of the Managing Center (1)
 (Stamp and Signature)

 Signature of the Intermediate Head (if necessary)

(1) The person responsible for the budget by which the mission is borne

The person in charge of the procedure
 Advance to be paid € _____
 Place and Date: _____

Signature: _____

Advance paid through the Order of Payment number no. _____ issued on _____ for the amount of € _____
 Place and Date: _____ Signature: _____