



UNIVERSITA' DEGLI STUDI
CAGLIARI

AUTHORIZATION TO PERFORM THE MISSION

To Sir/Madam:(1) _____

Facility/Department: _____

OBJECT AND PURPOSE OF THE MISSION: (2)

Funds for Activities: institutional commercial

Mr/Ms/Prof/Dr _____ is authorized to perform the following mission _____

Time: from _____ Date: _____

Location: _____

Itinerary: _____

Expected duration: _____ days, including travel

Authorization to use a vehicle: ordinary extraordinary

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

UO

UA

COAN Item

Project Code

Estimated Cost

Place and Date, _____

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

Signature of the Intermediate Head (if necessary)

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- (1) The person who will perform the mission and his/her institutional position.
 - (2) Please, specify the typology of the mission.
 - (3) To be indicated before the authorization, example:
(UO Organization Unit; UA Analytical Unit; COAN Analytical Accounting).
 - (4) The person responsible for the budget by which the mission is borne.
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