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 : __________________________________________________________

Reachable 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

________________________________________