



Università degli Studi di Cagliari

DIREZIONE PER LA DIDATTICA E L'ORIENTAMENTO

SETTORE DOTTORATI E MASTER

Dirigente Giuseppa Locci

Funzionario responsabile Monica Melis

According to the rules in force, the University of Cagliari will reimburse the mission costs (travel, meals and accommodation expenses) incurred to take part in our PhD Examination Boards.

Once filled in, you are kindly requested to send all the original documents attaching the proofs of payment (flight tickets and boarding passes, meal and accommodation receipts) to:

MAGNIFICO RETTORE DELL'UNIVERSITÀ DEGLI STUDI DI CAGLIARI
DIREZIONE PER LA DIDATTICA E L'ORIENTAMENTO
SETTORE DOTTORATI E MASTER
VIA SAN GIORGIO 12
09124 CAGLIARI

Optional forms

Authorization to use your own vehicle or an extraordinary vehicle

Please, note that you have to submit the authorization to use your vehicle or an extraordinary one before starting your mission to dottoratiemaster@unica.it

Mandatory documents and forms

Copy of an identity card

Mission expenses request for reimbursement

Report of the mission

Personal data declaration



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Request for Reimbursement

Participation in the Examination Board for the award of the PhD degree in:

The applicant _____

Title _____

Place of residence _____ Address _____

Location of the Mission _____

Itinerary _____

Any comments: _____

(signature)

Place and date: _____ , _____

Rimborso spese di missione commissari esami finali dottorati di ricerca
UA.00.01.06 Direzione per la didattica e l'orientamento
voce CO.AN 06.02.06.03.03.01 "Compensi per Commissioni di concorso"



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Report of the mission

Surname and Name _____ Title _____

Place of the mission: _____ from _____ to _____

Number of days: _____ Number of hours: _____

Travel expenses

date	time	Itinerary		Vehicle	Cost
		from	to		
		from	to		
		from	to		
		from	to		
		from	to		
		from	to		

Total reimbursable costs _____

Accommodation expenses

Hotel	Invoice no.	Date	Cost

Total reimbursable costs _____

Meal expenses

Restaurant	Invoice no.	Date	Cost	reimbursable

Total reimbursable costs _____



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Personal Data

The undersigned _____

Born in (City, Country) _____ on _____

Italian fiscal code (if any) _____

Residence address _____

tel. _____ e-mail _____

Profession/ Title _____

Home _____ Institution _____

requires to receive the payment for his/her compensation through:

☐ bank transfer

Bank _____

Branch _____

Address _____

Bank account no. _____

IBAN _____

BIC/SWIFT code _____

Date _____

Signature
