

BILL OF COSTS - COSTS CLAIM

SURNAME/GIVEN NAMES

Italian tax code (if any):

Place and date of birth

Complete address "for tax purposes":

e-mail:

Phone number

University/Institution:

VAT

Bank name and address

International Bank Account nr (IBAN code):

SWIFT code

Routing code (only for USA)

Agenda

Departure	Place	Date	Hour
Arrival	Place	Date	Hour

List of the costs incurred to be reimbursed

Description of costs incurred	Amount claimed	Amount admitted to reimbursement
Travel costs		
Trasport costs		
Accomodation		
Meals		
Number of Km. (in case of use of personal car)		
Motorway Tolls		
Parking		
Visas		
Taxes		
Vaccination and prophylaxes		
Health Insurances		
Other Insurances		
Tips		
Luggage storage		
Entrance fees to museums (pertaining to the subject of the transfer)		
Photocopies, prints, posters, brochures		
Internet		
Registration at conferences		
Orther (please specify)		
<u>Total</u>		0

I declare that I used one of the following non-ordinary means of transport

Viaggio (auto propria o a noleggio)	Trasporto nella sede di servizio (taxi o auto a noleggio)	Trasporto nel luogo di missione (taxi o auto a noleggio)
<input type="checkbox"/> strike of the ordinary means of transport	<input type="checkbox"/> strike of the ordinary means of transport	<input type="checkbox"/> strike of the ordinary means of transport
<input type="checkbox"/> Ordinary transports not available	<input type="checkbox"/> Need to carry fragile or bulky instruments	<input type="checkbox"/> Need to carry fragile or bulky instruments
<input type="checkbox"/> Economic convenience (for the University of Bologna)	<input type="checkbox"/> utilization in the time from 21.00 to 7.00	<input type="checkbox"/> utilization in the time from 21.00 to 7.00
<input type="checkbox"/> Requirement related to the activity, to quickly reach the place of destination	<input type="checkbox"/> difficulty in ambulation if duly certified	<input type="checkbox"/> difficulty in ambulation if duly certified
<input type="checkbox"/> Need to carry fragile or bulky instruments	<input type="checkbox"/> Ordinary transports non compatible with the activity schedule	<input type="checkbox"/> Ordinary transports non compatible with the activity schedule
<input type="checkbox"/> Ordinary transports non compatible with the activity schedule		<input type="checkbox"/> in the case of overseas missions for reasons of security of the country of destination

I declare that I am the only responsible for the use of the above means of transport and discharge the University of Bologna from any liability

I attach nr _____ receipts for the purpose of reimbursement as described above

the cost statement must be accompanied by a stamp of € 2 if the amount of the expenses for which reimbursement is requested is greater than € 77.47.

Place _____

Date _____

THE APPLICANT

To be completed by the office:

It certifies that the costs given are relevant and necessary to accomplish the object of the performance

Rep. Prot....

THE CONTRACTUAL'S REFERENT

I authorize the liquidation of the total expenditure on the following funds

CDR	PROGETTO	PRENOTAZIONE	_____
	F.S.	IMPEGNO	_____

THE MANAGER OF FUNDS/PROJECT

THE DIRECTOR
