# TO THE DIRECTOR OF THE DIPARTEMENT

**SUBJECT**: REQUEST FOR ADVANCE MISSION.

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the reference to the mission that is made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ as per authorization provision which is attached in copy

 **REQUESTS**

 The granting of the advance based on art. 12 of the Missions Regulations.

In order to determine the estimated cost of the mission, he declares that the following expenses are foreseen:

* travel expenses:….€ \_\_\_\_\_\_\_\_\_ (see attached quote)
* overnight expenses for n.\_\_\_\_\_ nights: € \_\_\_\_\_\_\_\_\_ (see attached quote)
* meals for n.\_\_\_\_\_\_\_\_days: …………. € \_\_\_\_\_\_\_\_\_ (max 70,00 €/die)

 the signature

 

 **reserved to the liquidator office**

- food costs for n.\_\_\_\_\_\_\_\_ days(€ \_\_\_\_\_\_\_\_\_\_/die)………………….. € \_\_\_\_\_\_\_\_\_\_\_\_\_

- overnight expenses for n.\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ days(€\_\_\_\_\_\_\_\_\_\_/die)……… € \_\_\_\_\_\_\_\_\_\_\_\_\_

- travel expenses for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………. € \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL EXPECTED COST OF MISSION** € \_\_\_\_\_\_\_\_\_\_\_\_\_

**ADVANCE GRANTED (75% of the total) € \_\_\_\_\_\_\_\_\_\_\_\_\_**

*MISSIONE\_RICHIESTA\_ANTICIPO*

 Attached:

* Copy of the Mission Authorization Document
* Document certifying the cost of the ticket (travel agency declaration or other)
* for expenses charged to research funds, a copy of the request for funding showing that the applicant is included in the research group (only for unstructured staff).
* Method of payment required:
* direct receipt.
* bank transfer on current account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ABI \_\_\_\_\_\_\_\_\_ CAB \_\_\_\_\_\_\_\_\_\_ CIN \_\_\_\_)

The undersigned undertakes to submit the liquidation request with the prescribed documents within 30 days of return and to return the full amount granted if the mission, for any reason, is no longer carried out.

Ancona, lì \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

 *(applicant's signature)*

SEEN

 The Fund Holder

 

 THE CLEARANCE OF THE ADVANCE IS AUTHORIZED

 The Director of the Department

 Prof. Davide Neri

 