



DIPARTIMENTO DI SCIENZE POLITICHE E SOCIALI

BILL OF COSTS COSTS CLAIM	
SURNAME/GIVEN NAMES:	
Italian tax code (if any):	
Citizenship:	
Place and date of birth:	
Complete address "for tax purposes":	
e-mail:	
Phone number:	
University/Institution:	
VAT:	
Agenda:	

Departure Place		Date		Hour	
Arrival Place		Date		Hour	

List of the costs incurred to be reimbursed:	
Description of costs incurred	Amount claimed
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	
Photocopies, prints, posters, brochures	
Other (please specify)	
Other (please specify)	
<u>Total</u>	



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

Use of one's own car	Use of taxi or rented car in country of origin	Use of taxi a rented car in Bologna/Forlì
<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 transport 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"/> Economy convenience (for the University of Bologna)	<input type="checkbox"/> Utilization form 21.00 to 7.00	<input type="checkbox"/> Utilization form 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 compatibile with the activity schedule	<input type="checkbox"/> Ordinary transports non compatibile with the activity schedule
<input type="checkbox"/> Ordinary transports non compatibile with the activity schedule		

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

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.

Date _____

THE APPLICANT _____



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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. _____

I authorize the liquidation of the total expenditure on the following funds - Progetto:

THE MANAGER OF FUNDS/PROJECT

THE DIRECTOR
