**VISITING PROFESSOR AND VISITING RESEARCHER**

**EXPENSE REPORT SHEET**

**TRAVEL EXPENSES**

**TRAIN**

|  |  |
| --- | --- |
| **DOCUMENTS TO BE PRESENTED** | **EURO** |
| Stamped train ticket | € |
| **OTHER REIMBURSABLE EXPENSES** | |
| Accommodation in a single sleeping compartment | € |
| First class | € |
| Bed in a sleeping car | € |
| Booking fees | € |
| **TOTAL** | € |

**AIRPLANE**

**(Economy class only)**

|  |  |
| --- | --- |
| **DOCUMENTS TO BE PRESENTED** | **EURO** |
| Boarding pass | € |
| Electronic ticket | € |
| **OTHER REIMBURSABLE EXPENSES** | |
| Life insurance policy\*\* | € |
| **TOTAL** | € |

\*\* When travelling by airplane the cost of a life insurance policy can be reimbursed (upon the presentation of the original document), within the limits of a maximum coverage corresponding to the applicant’s gross annual salary, including other possible salary allowances, multiplied by a coefficient of 10.

**PUBLIC TRANSPORTATION**

|  |  |
| --- | --- |
| **DOCUMENTS TO BE PRESENTED** | **EURO** |
| Urban and suburban bus and subway tickets, if relevant to the mission | € |
| Taxi fiscal receipt, if relevant to the mission (along with a self-declaration affidavit – please see the attached form) | € |
| **TOTAL** | € |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCOMMODATION AND MEALS** | **DAY 1 DATE:** | **DAY 2 DATE:** | **DAY 3 DATE:** | **DAY 4 DATE:** | **DAY 5 DATE:** | **DAY 6 DATE:** | **DAY 7 DATE:** |
| HOTEL: INVOICE OR FISCAL RECEIPT  (MAX CATEGORY ALLOWED: 4 STARS) | € | € | € | € | € | € | € |
| MEALS: INVOICE OR DETAILED FISCAL RECEIPT  (NOT EXCEEDING €60 PER DAY\*\*\*) | € | € | € | € | € | € | € |
| SUPERMARKET/GROCERY STORE: RECEIPTS (LIMITED TO THE PURCHASE OF FOOD) | € | € | € | € | € | € | € |
| TELEPHONE COSTS, LAUNDRY AND PORTERAGE SERVICES (SELF-DECLARATION AFFIDAVIT FORM, UP TO € 10 PER DAY) | € | € | € | € | € | € | € |
| APARTMENT RENTAL COSTS  (WHEN MORE CONVENIENTE AND UPON PRESENTATION OF THE APPROPRIATE DOCUMENTATION) | € | € | € | € | € | € | € |
| TOTAL | € | € | € | € | € | € | € |

\*\*\*The document must contain the header of the restaurant/cafè, the total amount paid and a description of the expenditure items, including the entry “fixed-price meal/menu” when applicable. The expenditures must refer to a single person.

****

Please attach a copy of a currently valid identity document.

**ATTESTAZIONE DELL’ATTIVITÀ SVOLTA DAL  
VISITING PROFESSOR/VISITING RESEARCHER**

(VISITING PROFESSOR / VISITING RESEARCHER ACTIVITY REPORT)

Il/La sottoscritto/a ………………………………… (Nome e Cognome), ricercatore/professore associato/ professore ordinario[[1]](#footnote-1), SSD ………, in servizio presso l’Unità di Ricerca / Sezione di ……………………… del Dipartimento di………………………………………………………… dell’Università degli Studi di Perugia, nato/a a ……………, il ……………………… e residente in via/piazza ………… n. …………, Comune……………………. CAP ………….

1) Dichiara che il Dottor / Professor ……………… ………………………… Nome e Cognome, dell’Università / Centro di ricerca di ……………………… (Paese: …………), ha svolto attività di didattica/ricerca presso l’Università degli Studi di Perugia dal giorno dd/mm/aaaa al giorno dd/mm/aaaa.

2) Allega alla presente:

i) Rapporto sui risultati del soggiorno a Perugia dell’ospite straniero [[2]](#footnote-2)

ii) Lista con originali della documentazione di viaggio e soggiorno, attestante l’avvenuta permanenza presso l’Università degli Studi di Perugia.

Distinti saluti,

Perugia, li……. Firma

Visto e nulla osta del Direttore del Dipartimento………………………….Firma

**SELF-DECLARATION AFFIDAVIT**

**(according to Art. 47 of D.P.R. 28.12.2000, no. 445)**

I, the undersigned:

Last Name….…………………………………………….… First Name………………………………………….

(Married women should write their maiden name)

Place of birth (Town/City and State)…....…....…....…....…....…..…....…....…....…....…....…....…....….....(…....)

Date of birth ………………………………….

Permanent residence address (number/street/town/postal code/Country)

…………………………………...……………………….....……………………………………………(…...…..)

D E C L A R E

………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I declare that I am aware of the penalties in which I would incur in case of false statements (see art. 76 of Presidential Decree 28/12/00 no. 445).

I declare that I am aware of the loss of any benefits that would result following resolutions made on the basis of false statements (see art. 75 of Presidential Decree 28/12/00 no. 445).

I declare that I am aware, in accordance to the Legislative Decree no.196 of June 30, 2003 (Personal Data Protection Act) that the data collected will be processed exclusively within the scope of the procedure for which this declaration is given.

**A photocopy of a signed and dated identification document is enclosed**

…………………………………………..

(Place and date)

The undersigned ……………………………………………

(Full and legible signature)

PERSONAL DATA (FOR RESIDENTS OUTSIDE ITALY)



I, the undersigned

Last Name:

First Name:

Gender:

Born in (please specify country and city of birth):

On (please specify date of birth)

Residence address (please specify country, city and street address of permanent legal address):

E-mail address:

Citizenship:

As an applicant for expense reimbursement by this administration

HEREBY DECLARE

□ that I am a VAT subject (if EU, please specify VAT IDENTIFICATION No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

□ previously assigned fiscal code (copy attached)

⌧ that I have not been previously assigned a fiscal code and, to this end, I hereby delegate the Università degli Studi di Perugia to apply on my behalf

Please find herewith attached a copy of my currently valid identity document

Type of document: Document No.:

Issued on : \_\_/\_\_/\_\_\_\_ By:

(Place and date)

Applicant’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Lasciare solo qualifica attuale. [↑](#footnote-ref-1)
2. Non oltre tre pagine, Times 12, interlinea 1,5, margini quattro lati di 2cm. Indicare attività didattiche svolte (Azione 1), programmi di ricerca o didattica internazionale di cui si è elaborato il progetto (Azione 2). [↑](#footnote-ref-2)