**REQUEST FOR ADVANCE – MISSIONS ABROAD**

**Applicant details**

|  |  |
| --- | --- |
| **Surname** |  |
| **Name** |  |
| **Italian fiscal code** |  |
| **PhD Programme** |  |
| **Cycle** |  |

**Mission details**

|  |  |
| --- | --- |
| **Place of mission** |  |
| **Mission start (date)** |  |
| **Mission end (date)** |  |
| **Object of the mission** |  |

**Chosen treatment** (*indicate one of the two options*)

* ANALYTICAL REIMBURSEMENT (*REIMBURSEMENT OF THE EXPENSES UPON THE SUPPORTING DOCUMENTS*)

*The amount of the advance is equal to the only facility accommodation (e.g. hotel) estimated*

|  |  |
| --- | --- |
| **No. overnight(s)** |  |
| **Estimated of the expense** |  |

* ALTERNATIVE MISSION TREATMENT (USE OF FLAT RATE SYSTEM FOR MISSIONS)\*

*It will be possible to obtain an advance for the total travel expenses and 90% of the alternative mission treatment (Table C Mission Regulations)*

*It should be noted that the alternative mission treatment is subject to the taxation provided for in the art. 51 co. 5 of Presidential Decree 917/1986*

|  |  |
| --- | --- |
| **Means of transport**  |  |
| **Estimated expense for transports** |  |
| **Country abroad**  |  |
| **No. days of stay** |  |
| **Total advance** | *Travel expense + (amount table C \* no. days \* 0,9)* |

The undersigned undertakes to send all documentation **within 30 days** from the end of the mission for the purpose of settlement.

Here attached the documentation proving the estimated expenses (e.g. hotel/booking estimate, etc.; flight/train estimate, etc.)

*The applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *The Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_*