**AUTHORIZATION FORM FOR TRAVELS**

SURNAME/GIVEN NAMES

ID. NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION

ITALIAN FISCAL CODE (if any)

VAT

PLACE OF WORK

**requests**

the permission/authorization to make a travel to

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ up to

TRAVEL PURPOSE

**ORDINARY MEANS OF TRANSPORT**

**□** TRAIN □ AIRPLANE □ SHIP □ BUS/METRO □ SERVICE CAR

**NON-ORDINARY MEANS OF TRAVEL AND TRANSPORT**

**I undersigned ask the permission to use the following non-ordinary means of transport:**

□ TAXI □ONE’S OWN CAR□ RENTAL CAR

Itinerary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ total nr. of Kms\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brand & Model of the Car\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*\* printed by Google maps/ viamichelin.it /other itinerary maps*

**REASONS FOR THE USE OF NON-ORDINARY MEANS OF TRAVEL AND TRANSPORT**

**It’s obligatory to select the reason(s) for the use of non-ordinary means of travel/transport. Otherwise, there will be no reimbursement for it.**

|  |  |  |
| --- | --- | --- |
| **Travel (one's own car or rental car )** | **Transportation in work place (taxi or rental car)** | **Transportation in travel place (taxi or rental car)** |
| * strike of the ordinary means of transport | * strike of the ordinary means of transport | * strike of the ordinary means of transport |
| * ordinary transports not available | * need to carry fragile or bulky instruments | * need to carry fragile or bulky instruments |
| * economic convenience for the University of Bologna | * utilization from 9 p.m. to 7 a.m. | * utilization from 9 p.m. to 7 a.m. |
| * requirements related to the activity in order to reach quickly the place of destination | * difficulty in ambulation if duly certified | * difficulty in ambulation if duly certified |
| * need to carry fragile or bulky instruments | * ordinary transports not compatible with the activity schedule | * ordinary transports not compatible with the activity schedule |
| * ordinary transports not compatible with the activity schedule |  | * in the case of overseas travels for reasons of security of the country of destination |

FACULTATIVE NOTES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TRAVELS IN FOREIGN COUNTRIES**

I undersigned chose the following modality for the reimbursement of the expenses:

□ **DOCUMENTED REIMBURSEMENT** *(with orginal expense documents)*

□ **ALTERNATIVE TREATMENT** *(only for travels in foreign countries, with a duration of more than 24hours including the travel time)*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since the request, it’s authorized the travel on the following funds:**

PROJECT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Since the substistence of the presuppositions for the proper car use (where requested), it’s authorized the insurancse coverage on the following funds:

As Scientific Responsible of the project/Manager of Funds/Project, I declare that this travel is related to the Project's activities.

The Manager of Funds/Project The Director

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