

UNIVERSITY OF MODENA AND REGGIO EMILIA
DEPARTMENT OF EDUCATION AND HUMANITIES
PHD IN REGGIO CHILDHOOD STUDIES

COMMITMENT TO PERFORM THE MISSION (*this page is to be completed BEFORE the mission is carried out*):

A (data of the subject): _____

Surname/First Name: _____

Born in: _____

Date: _____

Place of habitual residence: _____

Destination of the mission (*specify place(s) and hosting institution(s)*)

Rationale: (*Explain how this mission contributes to the development of the doctoral project, specifying how the planned work at the hosting institution(s) fits the methodology of your research, allows you to meet the milestones, and coheres with the timeline of your research, and is compatible with the fulfillment of your duties and responsibilities at RCS*).

Starting at hrs: _____

Of the day: _____

The duration of the mission is: _____

expected to be in days: _____

Including the day of travel.

The expense will be covered by the funds: _____ PHD RCS _____

The rationale for the use of means of transportation other than train:

Date

The PhD Coordinator

DISCLAIMER STATEMENT FOR USE OF OWN VEHICLE
(To be completed even if no mileage reimbursement is requested - Required for the purpose of activating the mandatory Kasko Policy)

The undersigned:

COMMANDED TO requests permission to carry o
the movements ☐ gone ☐ return by making use of the vehicle's license cars:

Projected TOTAL mileage:

Declares that he/she releases the Administration from any direct or indirect liability regarding the use of the medium.

.....
signature

DISCLAIMER OF LIABILITY FOR USE OF THIRD-PARTY MEANS

The undersigned declares that he/she will be transported
in the vehicle owned by:

Relieving the Administration, however, from any direct or indirect liability regarding using such a medium.

.....
signature

PERMISSION TO CARRY OUT THE MISSION

The fulfillment of the mission is authorized.

The Chair of the Department
.....

To the Magnificent Chancellor of the University of Modena and Reggio Emilia.
(this page and the first part of the next are to be filled out AFTER the mission has been carried out)

The undersigned

declares that he accomplished the with the start of the trip at
mission at

hours of the day and with a return to of the day
headquarters at
requests reimbursement of travel expenses incurred, documented and attached and per diem and allowances due.

He declares that he has driven the ☐ own ☐ of the Administration Km. no. _____
following

Declares that for said mission. ☐ has ☐ did not receive an advance of _____
Euro
o contribution of expenses from
t hird parties of Euro _____

IT ALSO STATES: ☐ to enclose ☐ Do not attach for reimbursement, original hotel invoice
and
☐ to enclose ☐ Do not attach registration to Congresses, Conferences, etc.

Signature

Seen and approved

the Chair of the Department

**Authorization from the Faculty Board must be attached for missions abroad by faculty and
researchers.**

TABLE OF ALLOWANCES AND EXPENSES:

(devote under Law Dec. 18, 1973 No. 836, Law July 26, 1978 No. 417, Presidential Decree Jan. 16, 1978, as amended)

Under the General Regulations of the University of Modena and Reggio Emilia's travel missions, documentation of travel expenses and allowances per diem due is attached to reimburse documented travel expenses.

Mark the following part ONLY In case of a mission abroad (and only for personnel of the University of Modena and Reggio Emilia):

- ☐ Payment of only the per diem due is requested.
 - ☐ It is requested that the per diem due and the attached travel expenses be paid.
 - ☐ Mere reimbursement of expenses is sought
-

Office space reserved

Ref. Mission Document No./.....

Total gross amount	= Euro	
Exempt fee	= Euro	
Total withholdings	= Euro	
Advance received	= Euro	
NET AMOUNT	= Euro	

See: clearance is authorized

date

**The director of the
Department**

WARNINGS

To issue paid missions, this form must be completed, marking any diction of interest with a cross.

Undocumented expenses may not be reimbursed for costs incurred in foreign currency and for per diem abroad reimbursement, where no bank bill of exchange is attached, is arranged at the official UIC exchange rate, or parity rate, prevailing for the currency when the expenses were incurred.

EVENTUAL NOTES.

[illegible]