



UNIVERSITA' DEGLI STUDI  
CAGLIARI

FOR THE ATTENTION OF THE  
RECTOR  
Università degli Studi di Cagliari

OBJECT: ADVANCE PAYMENT FOR THE MISSION

The undersigned \_\_\_\_\_  
 title \_\_\_\_\_ parameter \_\_\_\_\_  
 in service at \_\_\_\_\_  
 having to perform a mission \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 as by authorization attached, requires, in accordance with the applicable provisions,  
 the advance of € \_\_\_\_\_ ( \_\_\_\_\_ )  
 as detailed below :

- Travel expenses	.....	€ .....
- Accommodation	.....	€ .....
- Meals	.....	€ .....
- Conference registration fee	.....	€ .....
TOTAL ADVANCE PAYMENT		€ _____ 0,00

The undersigned declares that the registration fee for the conference doesn't include room and board costs.  
 Attached: authorization to perform the mission (copy).

Once completed the mission, the undersigned will:

- submit the original documentation needed for the payment, within two months from the end of the mission
- authorize the Administration to recoup the advance payment received

Place and Date, \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature)

MANDATORY DATA - The mission is borne by the following funds:

UO .....  
 UA .....  
 COAN Item .....  
 Project Code .....  
 Estimated Cost .....

The Head of the Managing Center (1)

\_\_\_\_\_  
(Digital Signature)

\_\_\_\_\_  
Signature of the Intermediate Head (if necessary)

(1) The person responsible for the budget by which the mission is borne

The person in charge of the procedure

Advance to be paid € \_\_\_\_\_  
 Place and Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Advance paid through the Order of Payment number no. \_\_\_\_\_ issued on \_\_\_\_\_ for the amount of € \_\_\_\_\_

Place and Date: \_\_\_\_\_

Signature: \_\_\_\_\_