UNIVERSITÀ DEGLI STUDI DI PADOVA

## FORM FOR THE REMBURSEMENT OF EXPENSES INCURRED DURING FREE OCCASIONAL OR SPORADIC EMPLYMENT (RISOLUZIONE 49/E/2013) - NOT RESIDENT

To fill in and return to the relevant Department/Center/Office

### I, THE UNDERSIGNED

Surname                                First name

Born                         in

Foreig taxpayer id. (or italian if possessed)

**Residency in (Street, Suburb)**

State/Country                                        Zip/Postcode

Tel./cell.                              E-mail

Citizenship                    Passport nr.              Valid until

### DECLARE

that for the professional service provided here in date

**CONFERENCE/LESSON**

### ASK

to have the reimbursement paid into (payment details):

| | |
|---|---|
| Bank | |
| Account no. (with myself as beneficiary) | |
| Iban | |
| Swift/Bic (if foreign account) | |

List of expenses (to be submidetted in original to verify the authenticity):

Travel expenses:

Accomodation expenses:

Other expenses:

*Declare*

*The information I have given in this form is correct and complete to the best of my knowledge and belief.*
*I must inform University of Padova immediately of any changes to the information that I provided. 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 will not ask for reimbursement from another entity or structure. I will not ask for any fee or lump-sum payment but only for the reimbursement of expenses.*

*Date* _____        *Signature* _____

**Privacy and data protection**
I consent to the use of the above information in accordance to Titolo III, capo I and II of D. Lgs. 30 June 2003 no. 196 (Privacy and Data Protection) for the purpose of fulfilling the obligations arising from the contract between myself and University of Padova.

Date _____        Signature _____