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| Immagine che contiene testo, Carattere, Elementi grafici, grafica  Descrizione generata automaticamente |  | **Faculty of Economics**  **Department of Management and Law** |

**REQUEST FOR TRAVEL AUTHORIZATION FOR PhD STUDENTS**

(Art. 4, Section 6 of the University Regulation for Travel Expenses)

**Send to the following email:** [**segreteriaphd@dmd.uniroma2.it**](mailto:segreteriaphd@dmd.uniroma2.it) **at least 15 days before the travel date.**

**Wait for the acceptance email**

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| TRAVEL (Art. 1, Section 2, Point b) of the Regulation  Work or training activities - other than those classified as official missions - carried out outside the workplace by individuals who have a formalized relationship with the University. |

Name and Surname :…………………………………………………Tax Code: ……………………………………………

Enrolled in the PhD Program in:

□ Management - Cycle ………………………………… Year ……………

□ Theory of Contracts, Services, and Markets - Cycle ………………………………… Year ……………

asks to be authorized for a travel to the location: …………………………………………………

Start Date: ………………………………End Date: …………………………….........

Purpose of the travel: ……………………………………………………………………………………………………….

Estimated total cost: € …………………………………………………………………….

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| **REQUEST FOR AUTHORIZATION TO USE EXTRAORDINARY TRANSPORTATION VEHICLES** (Art. 8 of the Regulation)  **FOR THE FOLLOWING REASON** (Providing a reason is mandatory for the use of extraordinary means of transport (Art. 8, Section 4 of the Regulation)  □ **TAXI**  □ Economic convenience (provide comparative elements) □ The location is not served by regular public transport or due to a public transport strike □ Particular service requirements or the need to reach the destination quickly □ Transport of delicate and/or bulky materials or equipment essential for the mission □ Routes to and from the airport or the train or intercity bus station  Note: The use of private vehicles and rental cars is not permitted  Applicant’s signature………………………………………. |

**NOTES FOR REIMBURSEMENT:**

* **Expense reimbursement is subject to the submission of documentation justifying the travel expenses, such as a copy of the certificate of attendance, in the case of conferences, seminars, etc.**
* **Expenses are reimbursable only if the submitted documentation is provided in its original form or in electronic format.**
* **Airline tickets must be submitted together with boarding passes**

**I declare that I have read and accepted.**

Date ………………………………

Applicant’s signature……………………………………….

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Supervisor’s Name and Surname

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s signature

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| **SPAZIO RISERVATO ALLA SEGRETERIA**  Trasferta n. …………………………………… data inserimento ...................................  UPB …………………………………………………………………………………………...  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  nome cognome del Coordinatore del Dottorato VISTO SI AUTORIZZA:  Il Direttore del Dipartimento  (Prof.ssa Martina Conticelli)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  firma del Coordinatore del Dottorato |