



DIPARTIMENTO di BIOLOGIA



UNIVERSITÀ
DI PISA

OUT-OF-STATE MISSION FORM

I, the undersigned _____
Born in _____ on ____/____/____
Matricola n. _____
Enrolled in the _____ year of the Ph.D. program in <i>Biology</i> at the University of Pisa, _____ cycle
IWith regard to the mission authorized for the period from ____/____/____ to ____/____/____ at _____
REQUEST:
The carrying out of an additional mission:
From ____/____/____ to ____/____/____
Purpose of mission _____
Place _____
<input type="checkbox"/> Ordinary means of transportation (specify the license plate number and whether the Student uses a vehicle owned by the Department of Biology) _____
<input type="checkbox"/> Extraordinary means of transportation (specify the license plate, model and reason behind the use of extraordinary means) _____
Authorization of overtime work (art.12 paragraph 1 Missions Regulations):
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Type of expense reimbursement chosen:
<input type="checkbox"/> Cost-free mission
<input type="checkbox"/> Analytical repayment
<input type="checkbox"/> Flat-rate reimbursement



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Expected expenses, if any:

- Travel expenses: € _____
- Food expenses: € _____
- Housing expenses: € _____
- Other: € _____

* If the projected expenses are equal to zero, this authorization will not result in the payment of the mission.

Additional information about the mission: _____

The applicant agrees to abide by the above conditions. The undersigned declares, under his or her own responsibility and in accordance with current regulations, that the statements contained in this declaration are true.

Insurance policies:

Accident insurance coverage for students is provided for the entire period of activities through the special "management on behalf of" form of the state (INAIL position No. 3140) supplemented by the following insurance coverage for civil liability and accidents:

- Accident Policy No. 90104 Poste Assicura S.p.A. from 01.04.2021 to 31.12.2024
- General Liability Policy No. 177372144 Unipol Sai Assicurazioni S.p.A. from 01.01.2021 to 31.12.2024

Date ____/____/____

Signature of the Ph.D. Student:

Signature of the Supervisor:

Signature of the Coordinator:
