***BALANCE FORM***

***RESEARCH DOCTORS: MISSION BALANCE***

**ACCOUNTING AREA DOCTORATE SCHOOL IN LEGAL AND ECONOMIC SCIENCES**

**Dott.ssa MILENA ZANARDI**

**RESEARCH AREA**

**U.O. RESEARCH DOCTORS**

**TO THE DIRECTOR OF THE SCHOOL OF DOCTORATE FOR LEGAL AND ECONOMIC SCIENCES**

**TO THE COORDINATOR OF THE RESEARCH DOCTORATE**

The / The undersigned / a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M  F  (Name Surname) (Sex)

FISCAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of the Doctoral School of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

first  second  Third year of Phd Course in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PhD scholarship holder:  yes  no (if you do not have a scholarship fill the follow part with your bank Account)

IBAN \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ BIC/SWIFT CODE \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

BANK ACCOUNT N° \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

BANK NAME \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

BANK ADDRESS \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ City: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

BRANCH N° \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

With reference to the mission a ………………………………………………….. FROM ………… ………………… TO …………………………. ,

Departure date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_: \_\_\_\_

Date of return \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_: \_\_\_\_

**ASK**

* Reimbursement of the following expenses:

*List of meals expenses:*

|  |  |  |  |
| --- | --- | --- | --- |
| N. | DATE | DESCRIPTION | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Transportation costs

|  |  |  |  |
| --- | --- | --- | --- |
| N. | DATE | DESCRIPTION | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Overnight costs

|  |  |  |  |
| --- | --- | --- | --- |
| N. | DATE | DESCRIPTION | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Other expenses

|  |  |  |  |
| --- | --- | --- | --- |
| N. | DATE | DESCRIPTION | AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |
| --- | --- |
| **TOTAL** |  |

The undersigned declares, under his own responsibility to (please cancel the hypothesis that does not affect):

to have / have not received free accommodation / meals

do not receive sums from other entities for the same title

That the total expenditure of the mission is equal to € ........................ ..

The undersigned acknowledges that the Legislative Decree 30/06/03 n. 196 provides for the protection of persons and other subjects regarding the processing of personal data. According to the legislative decree indicated, this treatment will be based on principles of correctness, lawfulness and transparency and protection of your privacy and your rights. Pursuant to art. 13 of the aforementioned decree, we inform you that the treatment we intend to carry out:

a) has the purpose of allowing the settlement, ordering and payment in favor of the fees due and the application of the obligations required by current legislation;

b) will be carried out using mainly computerized methods;

c) the data held by the University may be provided to other public entities for the performance of their respective institutional functions, within the limits established by law

**AGREES**

in addition to promptly communicate any changes related to the above data, relieving the University of Verona from any responsibility in this regard.

Verona \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_