



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

**FORM FOR THE REIMBURSEMENT OF EXPENSES INCURRED DURING FREE
OCCASIONAL OR SPORADIC EMPLOYMENT (RISOLUZIONE 49/E/2013)-NOT RESIDENT**

Substitute statement issued in accordance with articles. 46-47 of the DPR n. 445/2000, in compliance with art. 76 of the same DPR 445/2000 on penal sanctions for falsification of documents and false statements

I, First Name _____ Surname _____

Middle Name _____ Sex M F

Place of birth - Country _____ Town _____

Date of birth _____ Citizenship _____

Telephone no. - Home _____ Office _____ Mobile _____

Email _____

Passport no. _____ Valid until _____

Residency (for tax purposes) Address _____

Town _____ ZIP/Post Code _____

Country _____

Foreign taxpayer reference/identification number _____

Italian taxpayer identification no.- Codice Fiscale (If you have one)

I DECLARE that for the professional service provided here I will not ask for any fee but only for the reimbursement of expenses I have incurred

I ASK to have the reimbursement paid into:

Bank: _____

Account no. (with myself as beneficiary) _____

IBAN _____

Routing _____

Bic/Swift _____

Declaration

*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 Padua immediately of any changes to the information that I provided.*

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 Padua.

Date: _____

Signature: _____

Attention. Please enclose a copy of your document of identification.