

| Detailed list of mission expenses | | | | |
|--|------|------|------|-------------|
| Expense type | Date | Days | Euro | Description |
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For a total of € _____

 (*) The statement must include the following information:

Departure from _____ date _____ hour _____
 Arrival of return journey to _____ date _____ hour _____

Kilometers covered in total (roundtrip) _____

Own vehicle: plate number _____ vehicle model: _____
 _____ cylinder capacity _____ horsepower _____
 _____ number of doors _____

Fuel (tick only the relevant item):

- ◆ Unleaded petrol
- ◆ Petrol super
- ◆ Methane only
- ◆ Diesel fuel
- ◆ Petrol and liquid gas
- ◆ Petrol and methane

Average annual km covered _____

We certify that the aforementioned professor took part to the Committee for the final exam of the Doctoral program, as declared above

The President of the Committee

The applicant

Signature

Signature