

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 _____

Email¹ _____

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 Università degli Studi di Padova 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 D.Lgs. 30 June 2003 no. 196 as modified by D.Lgs. 101/18 for the purpose of fulfilling the obligations arising from the contract between myself and Università degli Studi di Padova.

Date: _____ Signature: _____

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

¹ This e-mail address will be used to send you Certificazione Unica – annual certificate of tax withheld by Università degli Studi di Padova. Please provide a valid e-mail address.