Guidelines: reimbursement procedure for members of PhD examination committee

Guidelines for requesting a travel reimbursement for PhD examination committee in Sapienza University, Physics Department.

The department of Physics will reimburse travel costs, hotel and meals. You will claim the reimbursement after the trip, providing the documentation described below.
Please note that:

- All receipt must be kept and all payment made with electronic methods (online, credit cads)
- Meals can be reimbursed up to 60,00 euro / day (paid by card)
- Train can be reimbursed in First class
- Plane can be reimbursed in Economy class
- Hotels are allowed up to 4 star hotels
- Taxi can be reimbursed for travels to/from airport before 9AM and after 8PM
- For extraordinary reasons, taxis can be used outside these time limitations with an accompanying justification.

Required documentation to be provided for submitting reimbursement request (after the visit)

1) Reimbursement form attached below - to be filled and signed by the member of the commission and the PhD coordinator. The form is editable so it is mandatory to fill it digitally

2) ID card or passport copy

3) Bills, receipts, travel tickets, etc...

4) in the case the visitor does not have an Italian Tax Code (Codice Ficale), also the Italian Tax Code request form (attached below) and a copy of the Passport (No ID card)

All these documents must be provided by email

In the case of paper receipts, original bills must be provided as well, or a statement that the scanned bills match those in your possession (keep the original copies in this case).

Guidelines for the filling of the Italian tax code form (see below)

This form is only needed if you don’t have an Italian Tax code already. Please attach a PASSPORT copy.

(SEE FORM BELOW)

Part A: already filled

Part B: you have to provide all the data "Surname", "Name", "Gender", "Nation", "Date of birth".

Part C: skip it.

Part D: you have to provide all the residence data "Nation", "province","Town where you live", "ZIP code", "Address".

Part E: Skip it.

Documents enclosed: you have to add here your passport number.

Signatures: you have to add here only the date and your signature in the correspondent box

Delegate: your full name in the box,"signee”, the date in the box “date”and your signature in the box "signature”.

DIPARTIMENTO DI FISICA

SAPIENZA
UNIVERSITÀ DI ROMA

RICHIESTA RIMBORSO O COMPENSO PER SEMINARI E/O VISITA SCIENTIFICA

REQUEST FORM

FOR REFUND OR REWARD FOR SCIENTIFIC VISIT

► Dati anagrafici / *Personal data*
(campi da compilare obbligatoriamente / *mandatory informations*) :

Nome del visitatore / *Name*: _____

Cognome del visitatore / *Surname*: _____

Luogo di nascita / *Place of birth*: _____

Data di nascita / *Date of birth*: _____

Domicilio / *Private address*:

Stato / *Country*: _____

Città / *City*: _____

Via o piazza / *Street or square*: _____

N. civico / *House number*: _____

C.A.P. / *Zip code*: _____

Codice fiscale / *Italian fiscal code*:

_____

► Informazioni sulla visita / *Information about the visit*
(campi da compilare obbligatoriamente / *mandatory informations*):

Università o Istituzione di provenienza / *Working place*: _____

Data d'inizio della visita / *Starting date of visit:* _____

Data della fine della visita / *Ending date of visit*: _____

Numero di giorni / *N. days*: _____

Docente proponente dell'Università "La Sapienza" / *Visit proposed by the Sapienza Professor*:

_____

[*] Informazioni da fornire obbligatoriamente perché indispensabili per il rimborso/ *Informations to be provided compulsorily because they are mandatory for reimbursement*.

Università degli Studi di Roma "La Sapienza"
CF 80209930587 PI 02133771002
Dipartimento di Fisica
Edificio Marconi - P.le Aldo Moro n. 2, 00185 Roma
T (+39) 06 49914226 F (+39) 06 4454913
www.phys.uniroma1.it

► **<u>Totale</u> del rimborso spese richiesto / *Total of the reimbursement of expenses requested**:**

Euro / *Euros*: ____________________

► **Coordinate bancarie / *Bank account details* (campi da compilare obbligatoriamente / *mandatory informations*)*:**

Il/la sottoscritto/a richiede l'accredito del compenso / *Please credit the sum*:

Banca / *Name ok the Bank*: ____

Numero conto / *Account number*: ____

ABI: __________ CAB: _______ IBAN: ___________________________________

BANK SWIFT CODE: _____________________________ *CIN*: ________________

______________________________ (Firma /*Signature*)

♦♦

► **Autorizzazione del docente Sapienza titolare dei fondi / *Authorization of the Professor Sapienza owner of the funds*:**

Numero degli eventuali seminari / *N. of Seminars*: ________________________________

Titolo degli eventuali Seminari o Convegni / *Titles of Seminars or Conferences*:

____

____

Denominazione dei fondi / *Denomination of the funds*:

____

____

(Firma del titolare dei fondi / *Signature of the holder of the funds*)

** L'importo effettivo che verrà rimborsato sarà stabilito a seguito delle necessarie verifiche amministrative / *The actual amount that will be reimbursed will be established following the necessary administrative checks*.

Agenzia Entrate Revenue Agency

APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUESTS FOR A TAX CODE CARD/DUPLICATE OF THE NATIONAL HEALTH SYSTEM CARD

(NATURAL PERSONS)

Information regarding the processing of personal data pursuant to Article 13 of Legislative Decree No 196 of 2003	***Legislative Decree No 196 of 30 June 2003 "The Code for the Protection of Personal Data" provides for a system of protection for the processing carried out on personal data. A summary is outlined below of how the data contained in this form will be used and what rights are granted to citizens.***
Purposes of processing	The Ministry of the Economy and Finance and the Revenue Agency inform you, on their behalf and on behalf of other persons obliged to do so, that in this form there is personal data that will be processed by the Ministry of the Economy and Finance and the Revenue Agency to allocate the tax code, obtain changes to personal and address details, obtain information on deceased persons, and send the tax code card or a duplicate of the national health system card. The data in the possession of the Ministry of the Economy and Finance and the Revenue Agency may be communicated to other public entities (for example, the Municipalities) where legislation provides for this, or when such communication is necessary in order for them to carry out their institutional functions. The same data may also be communicated to private or public economic entities where the legislation provides for this.
Personal data	The data requested in this form must be supplied to prevent the application of administrative and, in some cases, criminal sanctions.
Method of processing	The paper form must be submitted by the person concerned, or through a delegate, to any Revenue Agency office. Any person(s) resident overseas may submit the paper form to the Italian diplomatic or consular representation in their country of residence or to any Revenue Agency office. The data will mainly be processed electronically and with logical systems that are adequate to the achievement of the objectives, which will also be pursued by checking: • the other data in the possession of the Ministry of the Economy and Finance and the Revenue Agency, also if provided, as required by law, by other persons • the data in the possession of other bodies
Data controllers	When this data is made available to them and falls under their direct control, the Ministry of the Economy and Finance and the Revenue Agency become "the data controllers for the processing of the personal data". They keep a list of the controllers, which is available upon request.
Persons responsible for data processing	"Data controllers" may make use of the services of others designated "responsible". In particular, the Revenue Agency makes use of the services of the company So.ge.i. S.p.a. as the external entity responsible for data processing, in its capacity as technologcal partner to which the management of the information system of the Tax Register is entrusted.
Taxpayer's rights	The person (taxpayer) concerned, in terms of article 7 of Legislative Decree No. 196/2003, may view his personal data at the premises of the data controller or the person responsible for data processing in order to verify the use to which it is being put or if necessary, to correct or update it within the limits provided for by law, or to cancel it or oppose its processing, where it is being processed illegally. These rights may be exercised upon request to: • Ministry of the Economy and Finance, Via XX Settembre 97 – 00187 Rome; • Revenue Agency – Via Cristoforo Colombo, 426 c/d – 00145 Rome.
Consent	The Ministry of the Economy and Finance and the Revenue Agency, in their capacity as public entities, do not need to acquire the consent of the persons concerned in order to process their personal data. ***This information is given generally on behalf of all the data controllers referred to above.***

Agenzia Entrate — Revenue Agency

AA4/8

APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUEST FOR TAX CODE CARD/DUPLICATE OF NATIONAL HEALTH SYSTEM CARD

(NATURAL PERSONS)

PART A
Section I
Applicant type

[X] DIRECT APPLICATION FOR YOURSELF — [T] APPLICATION FOR A THIRD PARTY — APPLICANT TYPE CODE (only for the allocation of a tax code): 3

Section II
Application type

[X] ALLOCATION OF A TAX CODE — REQUEST FOR A TAX CODE CARD [ ]

[2] CHANGE OF DETAILS — TAX CODE

[3] NOTIFICATION OF DEATH — TAX CODE — DATE OF DEATH

[4] REQUEST FOR TAX CODE CERTIFICATE — TAX CODE

[5] REQUEST FOR DUPLICATE OF TAX CODE CARD/NATIONAL HEALTH SYSTEM CARD — TAX CODE — REASON

PART B
Personal details

SURNAME | NAME | SEX

MUNICIPALITY OF BIRTH (or Foreign State) | PROVINCE | DATE OF BIRTH

PART C
Registered residence/ Tax domicile

MUNICIPALITY | PROVINCE | POSTCODE

TYPE (street, square, etc.) | ADDRESS

HOUSE NUMBER | AREA/OTHER

PART D
Residence overseas

FOREIGN STATE | FEDERAL STATE, PROVINCE, COUNTY

TOWN OF RESIDENCE | POSTCODE

ADDRESS

PART E
Other possible tax codes allocated

TAX CODE

TAX CODE

DOCUMENTS ENCLOSED

SIGNATURES

APPLICANT TAX CODE FOR NON-NATURAL PERSONS | TAX CODE OF SIGNEE

DATE | SIGNATURE

DELEGATE

Signee | delegate CINZIA MURDOCCA

born in 08/07/1965 on Roma — TAX CODE M R D C N Z 6 5 L 4 8 H 5 0 1 A

I am submitting the form on this person's behalf and shall collect any possible certification issued by the office

DATE | SIGNATURE