



THE ADMINISTRATIVE SECRETARY THE  
DEPARTMENT OF LAW - VIA MAQUEDA,  
172 - 90134 PALERMO  
MRS. RITA LIVECCHI

**TABLE OF LIQUIDATION OF ALLOWANCES AND EXPENSES PAYABLE TO:**

Last Name \_\_\_\_\_ Name \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Domiciled in \_\_\_\_\_

address \_\_\_\_\_ phone \_\_\_\_\_

Fax \_\_\_\_\_ E-MAIL \_\_\_\_\_

Tax code \_\_\_\_\_

In service at the University of \_\_\_\_\_

with the qualification \_\_\_\_\_

Having carried out mission of \_\_\_\_\_

to \_\_\_\_\_

For \_\_\_\_\_

Start time \_\_\_\_\_ day of \_\_\_\_\_ At \_\_\_\_\_ day of \_\_\_\_\_

Seeks reimbursement for the following expenses incurred and  
allowances payable to:

**Travel expense**

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_ € \_\_\_\_\_

**Total to be reimbursed. € \_\_\_\_\_**



**It also asks that the order of payment is arranged as follows:**

**BANK ACCOUNT N.** \_\_\_\_\_ **indicate the IBAN**  
**complete and correct** \_\_\_\_\_

**SWIFT/BIC code** \_\_\_\_\_

**Routing number or ABA code (for bank USA)** \_\_\_\_\_

**Name of Bank** \_\_\_\_\_

**Agency number.** \_\_\_\_\_ **city** \_\_\_\_\_

**Payable to** \_\_\_\_\_

**Attach this purpose:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Date** \_\_\_\_\_

**SIGNATURE OF APPLICANT**