EXPENDITURE AUTHORIZATION FORM - PHD STUDENTS OF THE DEPT. OF COMPUTER SCIENCE
versione 11/2024

The undersigned (name and surname) _____, PhD student of the

PhD program in _____, **REQUESTS** authorization for the following expenses.

The expenses regard (select one or more options)*:*

1) ☐ PURCHASE BY THE ADMIN OF EQUIPMENT AND OTHER MATERIAL: (description and amount of expense)
_____
_____

2) ☐ DIRECT PURCHASE AND REFUND IN CASH (Max € 99,99): (description and amount of expense)
_____
_____

3) ☐ PURCHASE OF BOOKS BY THE ADMIN FOR RESEARCH & TRAINING: (description and amount of expense)
_____
_____

4) ☐ REGISTRATION FEES FOR A CONFERENCE TO BE PAID BY THE ADMIN (fill also the form specific to the type of payment (bank transfer or credit card)):
   - Conference name and fees _____

5) ☐ TRIP ("MISSIONE") (including trips for conference participation and for periods abroad):
   - Description: _____
   - Start-end dates: _____
   - Estimated amount of expenses: _____
   - Will you ask for the 50% scholarship increase for periods abroad? (yes/no): _____
   - Will you receive support from the hosting institution? (if yes, describe type of support and amount of support):
   _____

The expenses will be charged on the following project(s):

☐ 10% (PhD program in **Computer Science**, must include the signatures of the **supervisor** and of the **coordinator**)

☐ 20% (PhD program in **AI for Society**, must include the signatures of the **supervisor** and of the **coordinator**)

☐ funzionamento - una tantum (PhD in **AI for Society**, must include the signatures of the **supervisor** and of the **coordinator**)

☐ other funds (**both PhD programs**, must include the signatures of the **supervisor,** of the **coordinator**, and of the **fund PI**)

(fund name: _____)

_____
(PhD Student signature)

HAVING VERIFIED that the expenses comply with the conditions set out in the current regulations, we authorize:

_____
(Supervisor signature)

_____
(PhD Program Coordinator signature)

_____
(Fund Principal Investigator signature)

IL DIRETTORE
(Prof. Paolo Maria Mancarella)   Visto responsabile amm.vo _____ data: _____