To the International research, Project design and Open Science office

Research and Innovation Area

University of Macerata

ricerca.internazionale@unimc.it

**Subject:** request of reimbursement – proof reading expenses.

I, the undersigned,

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_\_\_\_\_\_\_

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax No. in Own Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring to the attendance of the MASTERCLASS MSCA@UNIMC 2025 as a candidate of MSCA Post-Doctoral fellowship 2025, carried out at University of Macerata from 09/06/2025 to 13/06/2025,

request a financial contribution for the amount of € \_\_\_\_\_\_\_ for proof reading costs incurred for the proposal submitted in reply to the call for proposal MSCA Postdoctoral fellowships – year 2025 as stated in the article 3 of the Announcement for expressions of interest.

Proposal Title (acronym and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that the reimbursement of the expenses be made by bank transfer to the following bank account:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAT. ID. | | CIN E | | CIN | ABI | | | | | CAB | | | | | ACCOUNT No. | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| SWIFT BIC Code |  |  |

Account holder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments:

- Proposal with revisions duly indicated in revision mode;

- Invoice or other document issued by the expert who conducted the proof reading;

- Evidence of traceable payment (e.g. bank transfer, credit card, and other types of electronic

payment);

- A copy of valid Identification Document of yourself.

In accordance with the Italian Law and regulations I undersigned authorize the University of Macerata to process my personal data in compliance with the EU General Data Protection Regulation (GDPR, 27.04.2016 no. 679, <https://www.unimc.it/en/privacy-policy>) for the sole purpose of dealing with this declaration, as well as for statistical purposes; I am entitled to check, amend and cancel such data.

I acknowledge that if I am entitled to reimbursement of expenses and proof reading, in case the reimbursement exceeds globally € 1.000,00, it will be subject to publication on the institutional website of the University, section "transparent administration". In accordance with the Italian Law and regulations, pursuant to Italian Legislative Decree 33/2013, artt. 26-17, the following data will be published, as they are subject to mandatory publication: name of the beneficiary, amount of the contribution paid, rule or title underlying the attribution, office and person in charge of the related administrative procedure, method followed for the selection of the beneficiary, curriculum vitae of the beneficiary (personal data will be obscured or deleted).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Place and date) (Signature)*