

Economic and Financial Management Service

C/ Santa Lucia, nº 8 CP: 18071, Granada (Granada) ♦ Telephone no. 958 24 88 60 / 958 24 30 38

**TRAVEL GRANT**

Non-UGR staff

|  |  |  |
| --- | --- | --- |
| Mr/Ms:  |  | TAX ID (NIF)/PASSPORT no.:  |
| Address: | Street no.: | City/Town: |
| E-mail: | Telephone no.: |
| REASON:  |
| DOCTORAL THESIS CODE/NUMBER: | SELECTION COMMITTEE CODE: |

ITINERARY

**DEPARTURE**

**Date Time**

Departing

**ARRIVAL**

Date Time

# MEANS OF TRANSPORT

Return

Airplane
Train
Bus
Personal vehicle

Colleague’s vehicle Official vehicle

Other

(Mark with X as appropriate)

## BANK ACCOUNT No.:

IBAN:

SWIFT/BIC CODE:

Are you submitting an invoice(s) or equivalent document(s) for public transport (airplane, train, ship, bus)?

Yes No (check as appropriate) -If yes, please indicate total amount:€

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

(if the means of transport is your own vehicle, please fill in the following)

In my above-mentioned travels, I have used my own vehicle BRAND: REGISTRATION PLATE:

and have travelled a total of kms.

Are you submitting an invoice(s) or equivalent document(s) for fuel?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No | (check as appropriate) - If yes, please indicate the total amount: |

Are you submitting an invoice or equivalent document for tolls?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No | (check as appropriate) - If yes, please indicate the total amount: |

Are you submitting an invoice or equivalent document for parking?

Yes No (check as appropriate) - If yes, please indicate the total amount:

Are you submitting an invoice(s) or equivalent document(s) for meals (lunch and/or dinner)?

Yes No (check as appropriate) - If yes, please indicate the total amount:

## Are you submitting an invoice(s) or equivalent document(s) for accommodations?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Yes No **(check as appropriate) -** If yes, please indicate the total amount:

Comments: (please indicate any other expenses that have been paid and/or if any further expenditure will be incurred after signing this statement)

## I HEREBY DECLARE that the information provided in this form is true and, to provide a record thereof, I sign this statement.

In , on

Mr/Ms Mr/Ms

SIGNATURE OF THE INTERESTED PARTY**:**

AS THE PERSON RESPONSIBLE, HEREBY CERTIFIES THE COMPLETION OF THE ACTIVITY AND AUTHORISES THE PAYMENT OF THE AMOUNT WHICH, IN ACCORDANCE WITH THE ESTABLISHED REGULATIONS, CORRESPONDS TO THE LIQUIDATION OF THIS TRAVEL GRANT, CHARGING THE INDICATED COST CENTRE:

COST CENTRE:

AS SECRETARY OF THE BOARD/COMMITTEE, HEREBY CERTIFIES THAT IT IS APPROPRIATE TO LIQUIDATE THIS TRAVEL GRANT AND TO PAY THE CORRESPONDING AMOUNT, IN ACCORDANCE WITH THE ESTABLISHED REGULATIONS.

In , on

In , on

of the

SIGNATURE OF THE PERSON RESPONSIBLE FOR THE COST CENTRE SIGNATURE OF THE SECRETARY OF THE BOARD

* The deletion or amendment of the content of the document without a record confirming its validity will lead to its invalidation and it will not processed.
* Any amount which, as a result of this travel grant, is paid to the interested party without providing invoices or equivalent documents proving the strict compensation of the expenses incurred to travel to the location where the activity was conducted will be considered monetary income subject to the corresponding IRPF or IRNR tax withholdings, if applicable.