AL DIRIGENTE SCOLASTICO

ISTITUTO COMPRENSIVO

DON L. MILANI

Via Turati s.n.

CALTANISSETTA

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| MODULO RICHIESTA RIMBORSO |

\_ l \_ Sottoscritt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In qualità di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**CHIEDE**

Il rimborso di € \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ per la seguente motivazione:

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A tal fine comunica i seguenti dati:

Dati intestatario IBAN:

codice fiscale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

data e luogo di nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

indirizzo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

telefono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN

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Caltanissetta, …………………………………….

IL RICHIEDENTE

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| VISTO  SI AUTORIZZA  NON SI AUTORIZZA IL DIRIGENTE SCOLASTICO  Prof. Antonio Calogero Diblio |

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