Al Dirigente Scolastico

Dell’IIS Buontalenti-Cappellini-Orlando

Via E. Zola 6/B – 57122 Livorno (LI)

**RICHIESTA RIMBORSO**

\_L\_ SOTTSCRITT\_ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COD. FISCALE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENITORE DELL’ALUNN\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSE \_\_\_\_\_\_\_\_\_SEZ.\_\_\_\_\_\_\_\_\_\_\_A.S. \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ DI CODESTO ISTITUTO,

CHIEDE

IL RIMBORSO PER L’IMPORTO NON DOVUTO PARI AD EURO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RIFERITO AL PAGAMENTO DI:

* □  TASSE SCOLASTICHE
* □  CONTRIBUTO SCOLASTICO
* □  VIAGGIO ISTRUZIONE
* □  CORSO EXTRASCOLASTICO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* □  ALTRO

CONTESTUALMENTE, RICHIEDE L’ACCREDITO PRESSO L’ ISTITUTO BANCARIO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INTESTATARIO DEL CONTO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*da compilare in stampatello di facile lettura

RECAPITO TELEFONICO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si allega attestazione di pagamento

Livorno il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visto il DSGA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_