**Al Dirigente Scolastico**

**Dell’IIS Buontalenti-Cappellini-Orlando**

**Via E. Zola 6/B – 57122 Livorno (LI)**

**RICHIESTA RIMBORSO**

IL/LA SOTTOSCRITTO/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COD. FISCALE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENITORE DELL’ALUNNO/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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| IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*da compilare in stampatello di facile lettura

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

Si allega attestazione di pagamento

DATA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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