Al Dirigente Scolastico

Istituto Magistrale Statale

“C. Finocchiaro Aprile”

Palermo

Oggetto: Richiesta rimborso viaggi

La/Il sottoscritt

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Il rimborso della somma versata di €.\_ ( )

**In lettere**

Versata per

La suddetta somma dovrà essere liquidata nel modo seguente:

Bonifico Bancario/Postale c/o Ist. di Credito \_

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Intestato a\_

Palermo,

\_ Firma del richiedente