***Mod\_ istanza rimborso***

# Al Dirigente Scolastico del Liceo Statale “James Joyce”

**Via A. de Gasperi n. 20**

# 00072 Ariccia

Il/la sottoscritto/a……………………………………………………nato/a a………………………………

il ……./….../…………. e residente in……………………………via……………………………………..

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Recapito telefonico: …………………………………………………..

nella qualità di……………………………… dell’**alunno/a**…………………………………………………

iscritto alla classe………..sez. .……….. indirizzo……….……………………………………

nell’a.s. 20 /

CHIEDE

il **RIMBORSO** relativo al pagamento di € ………………………………………………(…..) a favore del Liceo “Joyce” effettuato con causale:

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…………………………………………………………………………………………………………………........... chiede, altresì, che il rimborso venga effettuato (barrare l’opzione prescelta) :

o **con accredito c/c bancario Cod. Iban :**

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o **con accredito c/c postale Cod. Iban:**

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**N.B.**

***La richiesta di rimborso per le TASSE scolastiche versate sul c/c/p 1016 deve essere indirizzata all’Agenzia delle Entrate Centro Operativo di Pescara.***

Ariccia , ………/………/…………….

Firma

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Visto,

Il Dirigente Scolastico

*Prof. Giovanni Luca Russo*