**FEDERAZIONE ITALIANA SPORT BOWLING**

**Via F. Antolisei, 6**

**00173 Roma**

**Cod.Fis. 96079940589**

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| **NOTA DI LIQUIDAZIONE SPESE SOSTENUTE E ANTICIPATE PER RIUNIONE E TRASFERTE PER CONTO E NELL’INTERESSE DELLA FISB** |

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| **Il sottoscritto** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **nato a** | | | | |  | | | | | | | | | | | | | | | | | | **il** | |  | | | | | |
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| **residente a** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **cap** | | | |  | | | | | | | **Via/P.zza** | | | | | | |  | | | | | | | | | | | | | | | | | | | **n°** |  | | | |
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| **Codice Fiscale** | | |  | | |  | | |  | |  | | |  | | |  | | | |  | | |  |  | | |  | | |  | | | | |  |  | |  |  | | | | | |  | |
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| **la trasferta** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **dal giorno** | | | | | | | |  | | | | | | | | | | | **al giorno** | | |  | | | | | |
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| **1.** | | **SOMME DA RIMBORSARE** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SPAZIO RISERVATO** | | | | | | | |  | |
|  | | **A)** | | | **spese di viaggio** *(documentate)* | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ALL’UFFICIO** | | | | | | | |  | |
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|  | |  | | | **⬩** | | **autostrada** *(pedaggio)* | | | | | | | | | | | | | | | | | **€** | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | |
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|  | |  | | | **⬩** | | **biglietto aereo** *(autorizzazione allegata)* | | | | | | | | | | | | | | | | | **€** | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | |
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|  | |  | | | **⬩** | | **spese parcheggio** | | | | | | | | | | | | | | | | | **€** | | |  | | | | | | | | | | | **totale €.** | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | |
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|  | | **B)** | | | **spese di vitto e alloggio** *(documentate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | |
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| **2.** | | **INDENNITÀ CHILOMETRICA** *(autorizzazione allegata)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
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|  | | **percorrenza da** | | | | | | | | |  | | | | | | | | | | | | | **a** | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | |
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| |  |  | | --- | --- | | **3.** | **INDENNITÀ CHILOMETRICA** *(autorizzazione allegata)* | | | **VARIE ED EVENTUALI**  **(preventivamente autorizzate)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **€.** | | | | |  | | | | | | | | | |  | | |  | | | | | | | |  | |
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|  | | **TOTALE LORDO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **€.** | | | | |  | | | | | | | | | |  | | |  | | | | | | | |  | |
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|  | | **DICHIARAZIONE DEL PERCIPIENTE - Il sottoscritto dichiara, sotto la propria responsabilità, di aver effettuato la missione così come sopra indicato.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Data** | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | (firma leggibile) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# VISTO AUTORIZZATIVO

PRESIDENTE/DELEGATO REGIONALE

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**Codice**

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