To the director of the Department

The undersigned __________________________________________________________

as ________________________________________________________________

REQUESTS

A refund for the following material/services:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

This refund is necessary for: __________________________________________

Caserta, __________

THE APPLICANT

__________________________________________

GIVEN the aforementioned instance
HAVING CONSIDERED the need to act in this regard
HAVING REGARD TO the regulation for self-contained expenditure in force
HAVING ASSESSED the financial availability of the related budget chapter

PhD COORDINATOR

__________________________________________

AUTHORIZES THE REFUND

The Director of the Department