***Canteen reimbursement request***

Surname and first name of the child : ……………………………………………………………………………….

Class : ……………………………………………………………………………….

Parent’s name : ……………………………………………………………………………….

bank account number: …………………/…………………/…………………/…………………

reasons for reimbursement;

* illness (duration of absence)……………………………………………………………………………….
* cancellation of a meal day (which day)…………………………………………………………….
* complete cancellation of the canteen (from when)……………………………………………

**Meals are reimbursed from 2 consecutive weeks of absence on the basis of the subscription price minus the fixed costs.**

(For students who go to snow class, there is a special rate, no refund)

***Reserved for the cantine;***

structured order number: …………………………/……………………………/……………………………

amount to be reimbursed semester I …………………………..euros

Semester II ………………………………euros