**Manifestação de Interesse - Pedido de Reembolso   
Fichas (1º, 2.º e 3º Ciclos do Ensino Básico)**

**2025/26**

Nome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,NIF:\_\_\_\_\_\_\_\_\_\_\_\_\_;Telefone:\_\_\_\_\_\_\_\_\_\_\_\_\_;residente em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CP: \_\_\_ \_-\_\_\_\_\_\_\_\_\_\_\_\_\_

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| IBAN: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **P** | **T** | **5** | **0** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

encarregado(a) de educação do aluno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, processo n.º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a frequentar o \_\_\_º ano de escolaridade do ensino básico, turma \_\_\_\_na Escola \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ manifesta o interesse em beneficiar de auxílio económico, concedido pela Câmara Municipal de Lisboa, ao seu educando no ano letivo de 2025/2026**,** através do reembolso do custo por si suportado com a aquisição de fichas.

Para tanto, informa que despendeu a quantia de € \_\_\_\_\_\_\_**,**\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_euros), conforme fatura (s) originais, com o número de contribuinte do estabelecimento de ensino, que junta.

O (a) Encarregado(a) de Educação,

Lisboa, \_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A preencher pelos serviços administrativos** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Data | Número da Fatura | Importância |  |  |  |
|  |  | **,** . |  |  | Assinatura do Funcionário |
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| Estabelecimento de Ensino: Agrupamento de Escolas Rainha Dona Leonor**-** 2025/2026 |
| Nome do Aluno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ano:\_\_\_\_Turma:\_\_\_\_\_ |
| Valor a reembolsar CML: \_\_\_\_\_\_**,**\_\_\_ |
| DATA:\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Assinatura do Funcionário: |