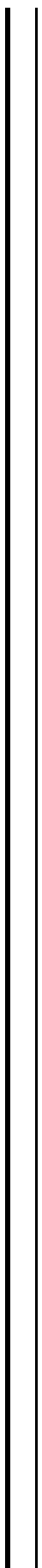
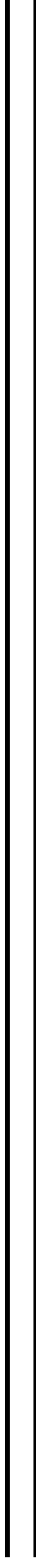
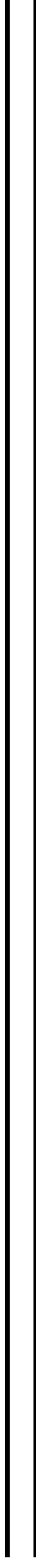
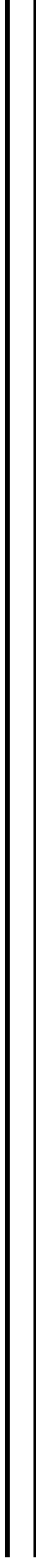


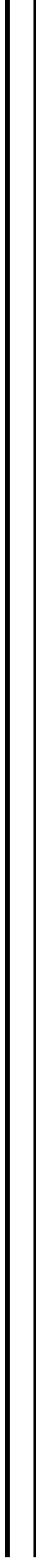
DATA DISTINTA	BENEFICIARIO	SOMMA	CAUSALE
20/09/2016	DOTT.SSA ROSARIA D'IPPOLITO	€ 30,57	RIMBORSO SPESE PASTO DEL 14/09/2016

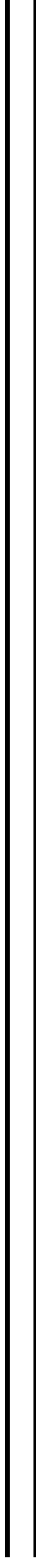


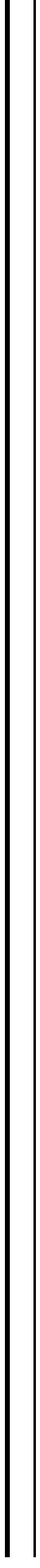


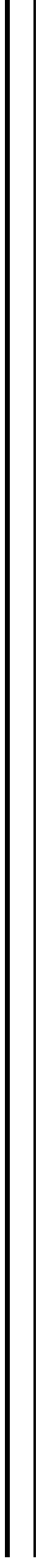


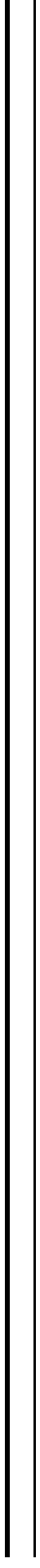


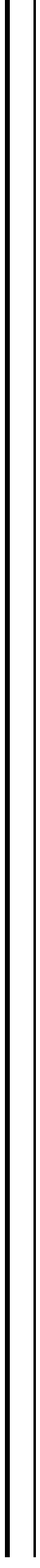


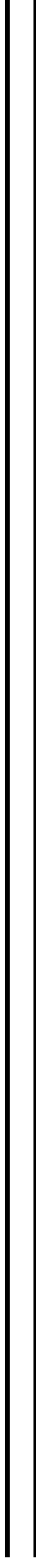


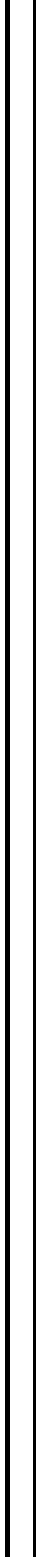


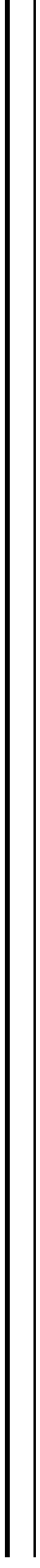


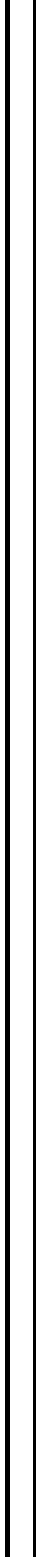


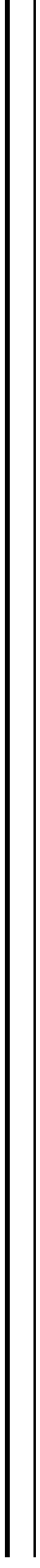


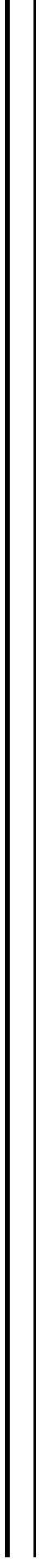


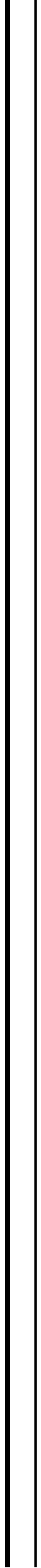


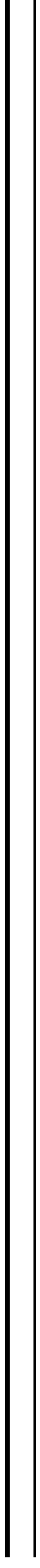












||