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| **SPESENABRECHNUNGSFORMULAR** |  |

**Datum:**

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| NAME: | | | ABRECHNUNGSZEITRAUM: | | | | |
| ADDRESSE: | | | BANKVERBINDUNG:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | |
| TELEFONNUMMER: | | | EMAIL ADDRESSE: | | | | |
| DATUM | BESCHREIBUNG | | | BETRAG OHNE MWST. | | | BETRAG INKL. MWST |
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|  | GESAMT: | | |  | | |  |
| Unterschrift, Datum und Ort |  | | |  | | |  |
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|  | **Genehmigung durch Arbeitgeber** | | |  | |  | |
| Name: | | Unterschrift: | | | | | |
| **VOM GESCHÄFTSVERWALTER AUSZUFÜLLEN** | |  | | | | | |
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| Beschreibung | | | | Summe | | Kostenart | |
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