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| **SPESENABRECHNUNGSFORMULAR** |  |

**Datum:**

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| NAME:  | ABRECHNUNGSZEITRAUM:  |
| ADDRESSE:  | BANKVERBINDUNG:

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| 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** |  |
|  |
| Beschreibung | Summe | Kostenart |
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