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|  | **Auslagenerstattung**  **Niedersächsischer Fußballverband e.V.**  **Kreis Emsland** | | | | | | **Name:**  **Funktion:** | | |
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| **Abrechnungszeitraum**  **vom:**  **bis:** | | | | **Kontonummer** | |  | | | |
| **Bankleitzahl** | |  | | | |
| **Bankverbindung** | |  | | | |
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| **Datum** | | **Verwendungszweck** | | | | | **Sitzungsgeld** | **Fahrtkosten** | **Sonstiges** |
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| **Ort:** | | | **Für die Richtigkeit:** | | **Einzelsummen**  **bzw. Übertrag:** | |  |  |  |
| **Datum:** | | | **Gesamtbetrag:** | | **Euro** | | |
| **Unterschrift:** | | | **Angewiesen durch:** | | | | **Buchungsvermerk:** | | **Blatt:** |