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| Familienname, Vorname | Anlageblatt Nr.       zur Reisekostenrechnung vom  **- NUR FÜR EINTÄGIGE REISEN MIT GLEICHEM DIENSTGESCHÄFT -** |

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| **VOM ANTRAGSTELLER AUSZUFÜLLEN** |  | **VOM ANTRAGSTELLER AUSZUFÜLLEN** |
| Art des Dienstgeschäfts  Ausbildung (LA)  Seminartätigkeit (LB)  Lehrerfortbildung |  | Alle Dienstreisen beginnen und enden an der Dienststelle  Folgende Dienstreisen beginnen und/oder enden an der  Wohnung:  Lfd. Nr.:  Begründung: |
| Dienstreisegenehmigung  liegt bei  wurde erteilt durch    Az.:       Datum: |  | Entfernung Dienststelle-Reiseziel (Ort):       km (einfach) |
| Unentgeltliche Verpflegung  Frühstück, bei lfd Nr.:  ja, und zwar:  Mittagessen, bei lfd Nr.:  nein  Abendessen, bei lfd Nr.: |  | Beförderungsmittel:  Fahrrad, E-Bike, Pedelec  ÖPNV  Kfz |

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| **VOM ANTRAGSTELLER AUSZUFÜLLEN** | | | | | | | **WIRD VOM SSA/OSA AUSGEFÜLLT** | | | |
| Lfd.  Nr. | Datum  der Reise | a) Beginn  der Reise  b) Beendigung der Reise | a) Beginn  b) Beendigung  des Dienst-  geschäfts | Reiseziel (Ort) | Fahrtkosten  (regelmäßig verkehrende Beförd.mittel) | gefahrene km (bei Kfz-Benutzung) | Wegstrecken-  Entschädigung | Tagesgeld eintägig  Reisekostenstufe  Satz | | Summe |
| 1 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 2 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 3 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 4 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 5 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 6 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 7 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 8 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 9 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
| 10 |  | a)       Uhr  b)       Uhr | a)       Uhr  b)       Uhr |  | € | (Hin- und Rückreise)        km | € |  | € | € |
|  | | | | Summe | € | km | € |  | € | € |
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| Ich versichere pflichtgemäß die Richtigkeit meiner Angaben. |  | **VOM ZUSTÄNDIGEN VORGESETZTEN; TAGUNGSLEITER ODER VORSITZENDEN ZU BESTÄTIGEN** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Datum Unterschrift |  | Sachlich richtig:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Datum Unterschrift |

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| Raum für Eingangsstempel | **Reisekostenrechnung**  Bitte Vorder- und Rückseite in  Druckbuchstaben ausfüllen | HHJ | Kapitel | Titel | HÜL-Nr. |
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| Sachlich und rechnerisch richtig  Richtig und vollständig erfasst.  ……………………….. …………………………...  Datum Unterschrift | | | |

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| VOM ANTRAGSTELLER AUSZUFÜLLEN - Korrekturen (z.B. streichen, radieren, übermalen) sind hier nicht zulässig - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personalnummer beim LBV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Arbeitsgebiet  beim LBV | | | | | | | | | | | | | | | | | | | | | | Bitte stets angeben, wenn die Bezüge vom Landesamt für Besoldung und  Versorgung (LBV) gezahlt werden. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 | | | | | Empfangsberechtigter (Name, Vorname) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| - 36 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | | | | | | Straße, Haus-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 | | | | | PLZ | | | | | | | | | | | | | 14 | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - 5 - | | | | | | | | | | | | | | | | | | - 16 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IBAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Amts-/Dienstbezeichnung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bes./Verg.Gr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mit Wohnung? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Trennungsgeldbezieher | | | | | | | | | | | | | | | | | | | | | | |
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| Dienststelle / Schule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dienstort / Schulort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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