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Kosteneinreichung / Abrechnung

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| Name: | | | | Datum: | | nur für Reformstern e. V.: Kreditor: Kostenstelle: |
|-----------------------|------------|--------|---|---------------|-----|--|
| Antragsnummer: | | | | | | |
| Bankverbindung | | | | | | |
| Kontoinhaber:in | | | | | | |
| IBAN | | | | | | |
| BIC | | | | | | |
| Nr. | Belegdatum | Inhalt | € | Kostenkonto | KST | |
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Gesamt €