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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. Es reicht die 8stellige Personalnummer ohne Arbeitsgebiet LBV.**  Die Reisekostenauszahlung wird dem LBV unter Angabe der Personalnummer gemeldet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Empfangsberechtigter (Name, Vorname) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Straße, Haus-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PLZ | | | | | | | | | | | Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Kreditinstitut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Amts-/Dienstbezeichnung | | | | | | | | | | | | | | | | | | | | | | | | | | | Bes./Verg.Gr. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **LehramtsanwärterIn** | | | | | | | | | | | | | | | | | | | | | | | | | | | **LA** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Dienststelle / Schule | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dienstort / Schulort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| „Job Ticket BW/Deutschlandticket Job“ Ticket ist vorhanden: ja  werden vom LBV bezuschusst. Antrag wurde gestellt: ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Erhebliches dienstliches Interesse bei Fahrgemeinschaften wird geltend gemacht. Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  |  |  | |  | | **Reisekostenformular für Mehrfachfahrten - gültig für Fahrten ab dem 01.01.2022** |  | | | | | entstandene  notwendige |
| Wo.-  tag | Datum | Fahrt von - nach  und zurück  oder nach | | 1. Art 2. Dauer (Uhrzeit)   der Veranstaltung | | 1. Beginn 2. Ende der Reise (Uhrzeit) | Notwendige **selbst** gefahrene  km | Bei Mitnahme anderer Personen  (Name Mitfahrer\*innen) | Bei Mitfahrt bei Dritten  (Name Fahrer\*in) |  | | Fahrkosten öff. Verkehrsmittel   1. DB 2. Sonstige (Parkschein) |
| PKW | Fahrrad E-Bike Pedelec |
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| Ich versichere, dass meine Angaben richtig und vollständig sind.  Für die geltend gemachten Aufwendungen wurden bisher keine Reisekosten beantragt und/oder abgerechnet. | | | | | | | Summe km |  |  | Summe km | Summe km | Betrag € |
| (Ort, Datum) | | |  | | Unterschrift | |  |  |  |  |  |  |

Die Einzelgenehmigungen/Anordnungen habe ich beigefügt (Kopie Teilnahmenachweis)