

Leistungserbringer



Arbeitsnachweis

Kreisverband Cloppenburg e.V.

Schulbegleitung: _____

Klient: _____ **Geb. Datum:** _____

Abrechnungsmonat: _____ **Bewilligte Wochenstunde**

| Datum | Wo.-tag | Beginn | Ende | Beginn | Ende | Gesamtzeit | in Minuten | Bemerkungen |
|----------------|---------|--------|------|--------|------|------------|------------|-------------|
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| 31. | | | | | | | | |
| Gesamt: | | | | | | | | |

Datum _____ Unterschrift Schulbegleitung _____

Datum _____ Unterschrift Lehrkraft _____