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| **Ausgefülltes Formular bitte senden an:** | | | | | | | | | | | | | | | | |
| Staatliches Schulamt Donaueschingen  Frau Ulrike Bertsche | | | | | | | | | | | | | | | | | |
| Irmastraße 7-9 | | | | |  | | | |  | | | | | | | |
| 78166 Donaueschingen | | | | |  | | | |  | | | | | | | |
| **Antrag auf Übernahme von Dolmetscherkosten**  Eltern-/Schülerberatung | | | | | | | | | | | | | | | |
| **Angaben zur Dolmetscherin/ zum Dolmetscher** | | | | | | | | | | | | | | | | | |
| Name, Vorname | | | | | | | | | | Geburtsdatum | | | | Personalnummer LBV | | | |
| Privatanschrift (Straße, Postleitzahl Wohnort) | | | | | | | | | | | | | | | | | |
| Telefon | | | | | | | | E-Mail | | | | | | | | | |
| IBAN | | | | | | | | BIC | | | | Bank | | | | | |
| Bei gewerblicher Tätigkeit Umsatzsteuer-ID | | | | | | | | | | | | | | | | | |
| **Abrechnung Dolmetschertätigkeit** | | | | | | | | | | | | | | | | | |
| Name der Schülerin/des Schülers | | | | | | | | | | | | | | | | | |
| Schule | | | | | | | | | | | Sprache | | | | | | |
| **Datum des Gesprächs** | | | **Gesprächsort** | | | | | | | | **Uhrzeit von/bis** | | **Gesamtstunden- anzahl** | | **Stundensatz  (max. 25€/h)** | | |
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| Ort, Datum | | | | | |  | | | | | Unterschrift Dolmetscher/in | | | | |  | |
|  | | | | | | Sachlich richtig: | | | | |  | | | | |  | |
| Ort, Datum | | | | | |  | | | | | Unterschrift Schulleitung | | | | |  | |
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| **Von der Kostenstelle beim Schulamt auszufüllen** | | | | | | | | | | | | | | | | | |
| Rechnerisch richtig: | | | | | | | | | | | | | | | | | |
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| Betrag |  | Euro | | | | | | | | | | | | | | | |
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