| Interne Vermerke |
|---|
| AS.SC.IT e.V. |
| Importo: |
| bonifico: |
| pres.: |
| cass.re: |

**HONORARABRECHNUNG- FÖU**

Lehrer/in _____ Bank _____

Anschrift _____ BLZ _____

_____ K.to _____

Telefon/Mobil _____ SteuerNr. _____

Mir ist bekannt, dass ich für eine ordnungsgemäße Versteuerung des errechneten Honorars persönlich verantwortlich bin.

| | |
|---|---|
| **FÖU** | **X** |
| EU | |
| GR | |

SCHÜLER/IN _____

_____ STUNDENKONTINGENT _____

_____

SCHULE _____ SCHULJAHR _____

| MONAT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Erziehungsberechtigter |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Summe der geleisteten Std. _____ x € _____

Honorar _____

_____ _____

Ort, Datum Unterschrift des/der FÖ-Lehrer/in