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| Name:  Adresse:  Steuernr. bei Umsatzsteuerpflicht:  Ehrenamtspauschale: JA / NEIN  Umsatzsteuerpflichtig: JA /NEIN |  |  |

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| Fallnummer | Co-Mediator\*in | Anzahl Sitzungen | Datum | Stunden | Nettobetrag | USt | Bruttobetrag |
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