

Rechnungs-Eingangsbuch*) Ausgangsbuch*)

*) Nichtzutreffendes streichen!

Monat _____ Jahr _____ von:

Stempel

| Name / Art | Datum | Beleg-Nr. | Nr. | Rechnungen EUR | | Rechnungen DEM | | | | | | bezahlt am: | |
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MUSTER

Übertrag: