Gemeinsam e.V.

Kontaktstelle für Menschen mit Behinderungen

**Fahrtenbuch**

**Nachweis Dienstfahrten für GEMEINSAM e.V.**

**Monat** _____ **Jahr** _____ **KFZ** _____ **Kennzeichen** _____

| Datum | Fahrstrecke Start | Ziel | Anlass | | | Dienst-fahrt | Kilometerstand Beginn | Ende | gefahrene Kilometer |
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