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| Honorarabrechnung für den Vortrag | | | Eingangsstempel |
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Die mit einem \* gekennzeichnete Felder sind Pflichtfelder.

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| Nachname\* |  | | | | | | |
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| Vorname\* |  | | | | | | |
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| Geburtsdatum\* |  | | | | Geburtsort\* | |  |
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| Straße\* |  | | | | | | |
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| PLZ, Wohnort\* |  | |  | | | | |
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| E-Mail |  | | | | | | |
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|  | ! Bitte beachten: Überweisungen sind nur an natürliche Personen möglich ! | | | | | | |
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| IBAN\* |  | | | | | | |
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| BIC/SWIFT\* |  | | | | | | |
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| Kreditinstitut\* |  | | | | | | |
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| Vortragsthema |  | | | | | | |
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| Fahrtkosten\* |  | mit Kfz : | |  | | km (Hin- und Rückfahrt) | |
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|  |  | Sonstiges Beförderungsmittel (Beleg beifügen) | | | | | |
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| Ich erkläre mich mit der elektronischen Speicherung der obigen Daten für ausschließlich interne Zwecke der Dualen Hochschule einverstanden. | | | | | | | |
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DHBW VS – 08.2025

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| ! wird von der DHBW Villingen-Schwenningen ausgefüllt ! | | | | | | | | | | | | |  | | | | |
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| Honorar: | | | | | | | | |  |  | | | EUR | | |  |  |
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|  | | | | | Unterschrift Sachbearbeiter\*in | | | | | | |  | | | Professorin/Professor | | |
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