**Stundenabrechnung**

**zur Abrechnung der Personalkosten**

„Inklusive Musik“

Musikschule:       Name der Musikschullehrkraft:

Schule:       Klasse:

Art des Klassenmusizierens:

Abrechnungszeitraum: 06. Januar 2020 – 24. Juni 2020

 (22 Unterrichtswochen)

| Kalender-woche | Datum | geleistete UStd. (45 min) | Bestätigung der Schule (Unterschrift) |
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Hiermit wird bestätigt, dass Herr/Frau      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ entsprechend obiger Aufschlüsselung im Schuljahr 2019/2020 (Zeitraum: 06. Januar bis 24. Juni 2020) insgesamt       Unterrichtsstunden „Inklusive:Musik“ an der Schule      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ unterrichtet hat.

Name des/r Schulleiter/in Unterschrift des/r Schulleiter/in & Stempel der Schule