

Kassenblatt

Monat _____ Jahr 2 _____ Blatt Nr.: _____

| Datum | Einnahmen | Ausgaben | Bestand | Gegenkonto | Beleg- nr. | Text (genaue Beschreibung) |
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| | | | Summe | Unterschrift | | |
| | | | Bestand Anfang/Ende | geprüft: | | |
| | | | | gebucht: | | |