

MONATSBERICHT

Monat: _____ 20 _____

Name: _____

Auftrag-Nr.: _____



INDUSTRIEMONTAGEN GMBH

Büro-Zentrale: Tel. +43 7673 30 20 2 - Fax: DW 22
Am Wehr 10/b - A-4690 Oberndorf/Schwanenstadt

Kunde: _____

Baust.: _____

| | Tag | Arbeitsbeschreibung | Arbeitszeit | Ges. Std. | Nor. | Ü-St. | Ü-St. | Feiert. | Nacht | E/Z | | Montz. | Auslöse | Fahrg. | KM |
|---------|-----|---------------------|-------------|-----------|------|-------|-------|---------|-------|------|------|--------|---------|------------|----|
| | | | von-bis | Std. | Std. | 50% | 100% | Std. | Std. | Std. | Std. | Std. | Std. | Reise Std. | |
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| Gesamt: | | | | | | | | | | | | | | | |

Arbeitsleistung geprüft:

Kunde:

Bauleiter:

Ort

Datum

Unterschrift