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| **Rechnungfür Coaching** | IV-Stellen-Nummer312 |  | Rechnungsnummer      | Datum der Rechnung      |
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|  |
| Name und Adresse IV-Stelle:      | Name und Adresse Coaching-Anbieter      |

|  |  |
| --- | --- |
| Versicherter:(Name, Vorname, Geburtsdatum) |       |
| (Adresse) |       |
| Versicherten-Nr: |       |
|  |
| Rechnungssteller | Wenn die Zahlung an eine Drittstelle (z.B. Bank) gewünscht wird:Name und Sitz der Drittstelle |
|  |  |
|       |       |
| NIF | Postkonto des Rechnungsstellers | Kontonummer bei der Drittstelle | Postkonto der Drittstelle |
|  |  |  |  |
|       |       |       |       |
|  |
| Mitteilungsnummer | Leistungsdatum, Leistung, Anzahl | Tarifziffer | Ansatzin CHF | Betragin CHF |
|       |       |       |       |       |
|  **Total** |       |
| Visum der Invalidenversicherung | Allfällige Bemerkungen      |

Rechnungsstellung für Coaching / nach effektivem Stundenaufwand (Vorlage ab 01.4.2019)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datum | Coaching mit versicherter Person | Kontakt mit Arbeitgeber / Berufsschule | Kontakt mit weiteren Personen / Stellen | Administration / Vor- und Nach-bereitung  | Reisezeit | Stellenakquise | Weiteres (bei Bemerkungen erklären) | Bemerkungstexte: - persönlich / telefonisch / per Mail- Absage innert 24h vor Termin- verpasster Termin- sowie Ortsangabe, falls externBemerkungen |
|       |       |       |       |       |       |       |       |       |
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| Total pro Spalte |       |       |       |       |       |       |       | Verfügte Stunden       |
| Gesamtstunden |       | Verbleibende Stunden       |

|  |  |
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| Name und Vornameversicherte Person |       |
| Versichertennummer |       |
| Datum und Unterschriftder versicherten Person |  |
| Name und Vorname Coach sowie Firmenbezeichnung |       |
| Name und Vorname IV-Eingliederungsfachperson |       |
| Visum IV-Eingliederungsfachperson | (wird IV-seitig selber eingeholt) |