***RESERAPPORT GIMO IF FK***

***NAMN………………………………………………………….. MÅNAD: ………………………..***

***BANK…………………………… KONTONR………………………………………………………..***

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| DATUM | FRÅN | TILL | KM (1,85:-/km) | MEDRESSENÄRER |
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|  |  | TOTALT KM |  |  |
|  |  | TOTALT SUMMA |  |  |

***Träningsnärvaro ............%***

***Summa efter granskning att utbetala…………………***

*Underskrift spelare……………………………………………………………………………..*

*Underskrift Gimo FK dam………….……………..............................................*

*Underskrift Gimo IF FK…………………………................................................*