**NOTE DE FRAIS**

Note de frais N°…

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Description | Type de dépenses | Fournisseur | Total HT | Total TTC | TVA | Commentaires | Justificatifs | Date du remboursement | Responsable du remboursement |
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| Total |  |  |  |  |  |  |  |  |  |  |

L’employé concerné :

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| --- | --- |
| Nom |  |
| Prénom |  |
| Département |  |
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