様式第1号(第4条関係)

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| 日中一時支援事業補助金交付申請書兼請求書  年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (宛先)北本市長  　下記のとおり申請・請求します。 | | | | | | | | | | | | | 住所  (所在地) | | | | 〒 |  | |  | |  | | ― | |  | |  |  | |  |  |  | |
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|  | 請求金額 | | | |  |  | | 百万 | |  |  | | | 千 | |  | | |  | | | | 円 | | | |  | | | | | | | |
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|  | 区分 | | | | | | 件数 | | 単価 | | | 費用合計 | | | 市町村請求額 | | | | | | 利用者負担額 | | | |  | | | | |  | | | |  |
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| 日中一時支援事業明細書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 受給者証番号 | | | | |  |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | |  | | |  | | |
| 支給決定障害者等氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給決定に係る障害児氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 利用者負担上限月額　① | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | 円 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 明細欄 | | サービス内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 単価 | | | | | | | | | | | | | 回数 | | | | 合計 | | | | | | | | | | | | | | 摘要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 請求額集計欄 | | サービス実時間日数 | | | | |  | | |  | | |  | | |  | |  | | | | 時間 | | |  | | |  | | |  | | |  |  | | | | 時間 | | | | |  | |  | |  | |  | |  | | | 時間 | | | |  | | |  | |  | |  | |  | | | 時間 | | | | | 合計 | | | | | | | | | | | | | | | | | | |  |
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| 給付率 | | | | |  | | |  | | |  | | | ／100 | | | | | | | | |  | | |  | | |  | | | ／100 | | | | | | | | | |  | |  | |  | | ／100 | | | | | | | | |  | | |  | |  | | | | | ／100 | | | | | | | | |  | | |  | | | |  | |  | | |  | | |  | | | |
|  | | 総費用額 | | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | | |  |  | | | |  | | |  | | | |  | |  | | |  | | |  | | | |  |
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| 利用者負担額② | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | | |  |  | | | |  | | |  | | | |  | |  | | |  | | |  | | | |
| 上限月額調整  (①②のうち少ない数) | | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | | |  |  | | | |  | | |  | | | |  | |  | | |  | | |  | | | |
| 市町村請求額 | | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | |  | | |  | |  | | | | |  | | | |  |  | | | |  | | |  | | | |  | |  | | |  | | |  | | | |
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