**移動支援費請求書**

（あて先）八　尾　市　長

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 請求金額 |  | 百万 |  |  | 千 |  |  | 円 |
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| --- | --- | --- | --- | --- | --- | --- |
| 内　　訳 | 令和 年 |  |  | 月分 |  |  |
| 請　求　内　容(障害種別) | | | | 明細書件数 | 金　　額 |
|  | | | |  |  |
|  | | | |  |  |
|  | | | |  |  |
| 合　　計 | | | | |  |

上記のとおり請求します。

令和　　年　　月　　日

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 登録事業所番号 | |  |  |  |  |  |  |  |  |
| 請求事業者 | 所在地 |  | | | | | | | |
| 電話番号 |  | | | | | | | |
| 法人名 |  | | | | | | | |
| 事業所名 |  | | | | | | | |
| 職・氏名 | 印 | | | | | | | |