**移動支援費請求書**

請求書の表題は、必ず**「移動支援費請求書」**としてください。

（あて先）八　尾　市　長

敬称不要

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| 請求金額  金額欄の頭には必ず「￥マーク」を付けてください。 | 百万 |  |  | 千 |  |  | 円 |
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| 内　　訳 | 令和元 | 年 |  | ５ | 月分 |  |  |
| 請　求　内　容(障害種別) | | | | | 明細書件数 | 金　　額 |
| **移動支援　（身体）** | | | | | ６ | １２０００ |
| 請求内容は「移動支援」とし、括弧して障害種別を記入。受給者証の障害種別欄に記載の番号  １…身体  ２…知的  ３…精神  １８歳未満は種別に関わらず「児童」です。 | | | | |  | 合計金額の記入をお忘れなく。 |
|  | | | | |  |  |
| 合　　計 | | | | | | １２０００ |

**請求日欄はすべて空白**

上記のとおり請求します。

令和　　年　　月　　日

移動支援事業者登録通知書に記載の**「八尾市移動支援登録事業所番号」**を記入してください。

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| **登録**事業所番号 | | ８ | ７ | ６ | ５ | ４ | ３ | ２ | １ |
| 請求事業者 | 所在地 | 八尾市本町○―△―□ | | | | | | | |
| 電話番号 | ０７２－９２４－３８３８ | | | | | | | |
| 法人名 | 社会福祉法人　○×会 | | | | | | | |
| 事業所名 | ▽▽介護ステーション | | | | | | | |
| 職・氏名 | 理事長　八尾　太郎　　　　　　印 | | | | | | | |

請求事業者欄の記載内容は、債権者登録申請書で登録した情報に合わせてください。

令和元年５月分　　　**移動支援事業サービス提供実績記録票　兼　請求明細書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 受給者番号 | | | | 3 | 0 | 0 | | 0 | 0 | | 0 | 0 | 0 | 0 | | 0 | | 支給決定障害者等氏名(児童氏名) | | 大阪　花子 | | | | | | **登録**事業所番号 | | | | | | | | | | | | | | | | |
| ８ | | | ７ | | ６ | |  | | |  | |  | | ２ | | １ |
| 契約時間 | | | | 30時間／月 | | | | | | 利用者負担額 | | | | | 0円/30分 | | | | 利用者負担額上限 | | | | 0円  **「八尾市移動支援登録事業所番号」**としてください。 | | 法人名及び  その事業所 | | | | | | |  | | | | | | | | | | |
| 日付 | | 曜日 | サービス内容  受給者証内容、契約時間等を記入 | | | | | | | | | | | | | | | | | | | サービス提供時間 | | | | | | | | 利用者負担額 | | | | | サービス提供者印 | | | | 利用者確認印 | | | |
| 開始時間 | | 終了時間 | | | 算定時間数 | | |
| ７ | | 火 | 自宅―近鉄八尾―難波（買物）－近鉄八尾―自宅 | | | | | | | | | | | | | | | | | | | 10：00 | | 16：00 | | | ６ | | | ０ | | | | |  | | | |  | | | |
| ８ | | 水 | 自宅―近鉄八尾―長居―プール**（中抜２ｈ）**－長居―近鉄八尾―自宅 | | | | | | | | | | | | | | | | | | | **10：00** | | **16：00** | | | **４** | | | ０ | | | | |  | | | |  | | | |
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|  | |  | **中抜き**を行った場合、①中抜きした時間数をサービス内容に明記、②開始・終了時刻欄は実際の時間通りに記入、③算定時間数欄に中抜き後のサービス提供量を記入。 | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
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|  | |  | 合計算定時間の記入もお忘れなく。 | | | | | | | | | | | | | | | | | | | **：** | | **：** | | |  | | |  | | | | |  | | | |  | | | |
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| 合計 | | | | | | | | | | | | | | | | | | | | | |  | |  | | | **10** | | |  | | | | |  | | | |  | | | |
| 報　　酬　　額 | | | | | | （×）算定時間数 | | | | | | | | | | （－）利用者負担額合計 | | | | （＝）請　　求　　額 | | | | | | |  | |  | | | | 枚 | | |  | | | | 枚中 | |
| **\２０００円／時** | | | | | | **１０時間** | | | | | | | | | | **０円** | | | | **２００００円** | | | | | | |  | |  | | | |  | | |  | | | |  | |